

9/9/2026 3:11:11 PM

YMLV
JFM

WORK ORDER

Olga Beasley

832 Walnut River Trail
Hoschton, GA 30548
(470) 540-0742

Customer #: 206441

Order #: 544505

Location #: 282707

Zone: J-006-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 9/15/26 CCOF Final H/U Call Olga on the way 470-540-0742

Date Ordered: 9/9/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name:

Last Service: 9/8/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 206441
Name OLGA BEASLEY
Address 832 WALNUT RIVER TRAIL
HOSCHTON, GA 30548

Date: 8/3/26
Instructions: SET LEASE 250UG W/200 GALS
Order #: _____

DESCRIPTION OF WORK
COMMENTS: <u>set leased 250 u/or with 200 gals connected</u> <u>anode locked out tank 80% in tank no conversion</u> <u>Kits for appliances</u>
SERVICED BY: <u>OP/Am</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
9/2/26	11:00	11:15	15 mins	100.00/hr	—
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes ☒ No
Gas check attached	Yes ☒ No
Leak check	Initial <u>OP/Am</u>
Start Pressure	End Pressure
Time Held	System OK

% in Tank 80%

AMOUNT REC'D	
\$ <u>928.30</u>	
☐ CASH ☐ CHECK # _____	
☒ CREDIT CARD	
# <u>CCOF</u>	
EXP. DATE _____	
* I have received the Consumer Safety information & material. * I am satisfied with the work performed. * Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment. * Signing agrees to _____ year contract for discount.	
<u>[Signature]</u> CUSTOMER SIGNATURE	

Retail Price	Contract Price
_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$
Tank Set	New Cust Special
L.P. Gas /Gal 2.999	L.P. Gas /Gal 2.499
Gallons 200	Gallons 200
FRCC \$9.79	FRCC \$9.79
Fuel Total 609.59	Fuel Total 509.59
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee 20.00
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	
Safe Appliance Savings	559.00
<u>Safe Appliances Rebate</u>	50.00
TOTAL BALANCE DUE	
928.30	



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **206441**Date: **9/8/26**Name: **OLGA BEASLEY**Instructions: **FINAL H/U**Address: **832 WALNUT RIVER TRAIL****HOSCHTON, GA 30548**

Order #:

Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Appliance Check:

Appliance	Cook Top	Log Set				
Manufacturer	Kitchen Aids	Headstart				
Model #	KCG6558J5502	CAL42				
Serial #	DE4101199	KC6870450				
Burner/Combustion Chamber	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	m2845887	Good	TCI	2025	W/G	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	MEC	09 Dec 24	☒ Correct ☐ Incorrect		
2nd	MEC	16 Feb 23	☒ Correct ☐ Incorrect	10.5	11

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
130 PSI	130 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ No

Comments: **80% in tank. All appliances working correctly****Customer Acknowledgment:** I acknowledge, by checking each of the following items, that:

- ☒ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☒ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☒ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- ☒ I have smelled propane gas and can detect its odor.
- ☒ I have been told to consider installing one or more gas detectors.
- ☒ I have received safety information and told to read it and share it with all family members.
- ☒ I am satisfied with the service work performed.

Service Technician (Print)	Kevin Smoot	Service Technician (Signature)	[Signature]	Date	9-15-26
Customer (Print)		Customer (Signature)	[Signature]	Date	