

✓ Sum

9/21/2026 12:05:52 PM

WORK ORDER

Shaun Cole d/b/a Legacy Mountain Homes LLC

93 Arbor Creek Point
Mineral Bluff, GA 30559
(706) 851-5069

Customer #: 204851
Order #: 546493
Location #: 280710
Zone: B-002-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 09/24/26 - C/C STOVE KIT ON SITE - INSTALL FIREPLACE
Blower ~~BURNER~~ - CALL 706-851-5069 - CCOF - CT

Date Ordered: 9/21/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 9/16/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 201851

Date: 9-24-26

Name: Shawn Cole

Instructions: _____

Address: q3 Arbor Creek Point
Mineral Bluff, GA 30559

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	Stove					
Manufacturer	Frigidaire					
Model #	FCR63052BSK					
Serial #	VF65563150					
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	M2537505	good	Triarc	2025	UG	good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Rego	3TR9	☒ Correct ☐ Incorrect		
2nd	Rego	3B4	☒ Correct ☐ Incorrect	11.1	13.4

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	☒ Yes ☐ No	_____ PSI	_____ PSI	_____ Mins	☐ Yes ☐ No
_____ WC	_____ WC	_____ Mins					

Comments: _____

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) <u>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>9-24-26</u>
Customer (Print) _____	Customer (Signature) _____	Date _____



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RINNAI WORK ORDER

Customer Acct #: 204851
Name SHAUN COLE DBA LEGACY MOUNTAIN HOMES LLC
Address 93 ARBOR CREE PONINT
MINERAL BLUFF GA 30559

Date: 8-26-26
Instructions: DROP OFF 250UG W/50G @ 2.499 ANODE B.
THEY WILL BURY CCOF SM 706-851-5069
Order #: 474817

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☐ Yes ☐ No
Gas check attached ☐ Yes ☐ No
Leak check Initial _____

Start Pressure End Pressure Time Held System OK

% in Tank

AMOUNT REC'D

\$

☐ CASH ☐ CHECK # _____

☐ CREDIT CARD

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.

CUSTOMER SIGNATURE

Retail Price

Rinnai \$

Standard Vent Kit \$

Standard Install \$

Total \$

Contract Price

\$

\$

\$

\$

Tank Set

L P Gas /Gal **2.999**

Gallons **50**

FRCC \$9.79

Fuel Total **276.85**

Tank Lease/YR **129.00**

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

New Cust Special

L P Gas /Gal **2.599**

Gallons **50**

FRCC \$9.79

Fuel Total **144.17**

1st yr Lease **FREE**

Tank Set Fee **20.00**

Safety Inspection **29.95**

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

Safe Appliance Rebate 50.00

TOTAL BALANCE DUE