

10/5/2026 10:01:50 AM

WORK ORDER

Jacob Davis

5701 Holly Springs Road
Pendergrass, GA 30567
(706) 870-9326

Customer #: 206812
Order #: 553858
Location #: 283154
Zone: J-002-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10-8-26, ccof, Set lease 120AG w/100 gals @ 3.599, line is stubbed under house, h/u to cooktop call Jacob on the way
706-870-9326 JS

Date Ordered: 10/2/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: _____ **Last Service:** _____ **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 #: 206812
Name JACOB DAVIS
Address 5701 HOLLY SPRINGS
PENDERGRASS, GA 30567

Date: 10/8/26
Instructions: SET LEASE 120AG W/100 GALS
Order #: _____

DESCRIPTION OF WORK
COMMENTS: <u>Set leased 120 A/G W 100gals. Connected to existing stub out. Performed leak test at 155ps. For 10 mins. no leaks found. 80% in tank. All appliances in working condition</u>
SERVICED BY: <u>DD/KS</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
10/8/26	1:40	2:10	30 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>DD/KS</u>		
Start Pressure	End Pressure	Time Held	System OK
<u>155 PS.</u>	<u>155 PS.</u>	<u>10 mins</u>	<u>yes</u>

% in Tank	<u>80%</u>
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AMOUNT REC'D
<u>\$556.14</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>Kay Davis</u> CUSTOMER SIGNATURE

Retail Price		Contract Price
Rinnai \$		\$
Standard Vent Kit \$		\$
Standard Install \$		\$
Total \$		\$
Tank Set		New Cust Special
L.P. Gas /Gal	3.599	L.P. Gas /Gal 3.599
Gallons	100	Gallons 100
FRCC	\$9.79	FRCC \$9.79
Fuel Total	369.69	Fuel Total 369.69
Tank Lease/YR	99.00	1st yr Lease 99.00
Total Materials		
Sub-Total		468.69
Sales Tax		8% 37.50
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		330.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		556.14



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **206812**

Date: **10/8/26**

Name: **JACOB DAVIS**

Instructions: **SET LEASE 120AG W/100 GALS**

Address: **5701 HOLLY SPRINGS RD**

PENDERGRASS, GA 30567

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	Cooktop					
Manufacturer	Bosch					
Model #	NCM5059U4/01					
Serial #	825080545611007156					
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
120	M2546093	Good	Tri	2025	A/G	Good

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	mcc	1232	23 nov 23	☒ Correct ☐ Incorrect	10.5	11
1st				☐ Correct ☐ Incorrect		
2nd				☐ Correct ☐ Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
155 PSI	105 PSI	10 Mins	☒ Yes ☐ No	15 PSI	15 PSI	10 Mins	☒ Yes ☐ No
WC	WC	Mins					

Comments:

80% in tank

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)	Aren Drinn	Service Technician (Signature)	Aren Drinn	Date	10/8/26
Customer (Print)	Kay Davis	Customer (Signature)	Kay Davis	Date	