

Confirmed ✓
HM

2/16/2026 10:52:15 AM

WORK ORDER

Wesley Chapel Church

171 WEST JEFFERSON AVE
HOSCHTON, GA 30548
(404) 274-4519

Customer #: 5066
Order #: 471642
Location #: 246443
Zone: J-066-CALE
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 2/19/26 CHG, S/O C/O 250A/G W/Leased 325A/G W/220Gals
Pump over gas from C/O tank to leased tank also P/U C/O tank
(\$50) call Brenda on the way 770-867-5065

1.55

Date Ordered: 2/16/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
Name: Heating System				
Contract:				
Manufact:				
Notes:				
Instructions:				
Last Service: 2/9/2026				
SC Renewal:				
Model:				
Last Tune Up:				
Service History:				
Date	Invoice #	Tech	Problem Reported	Service Notes



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RINNAI WORK ORDER

Customer Acct #: 5066
 Name WESLEY CHAPEL CHURCH
 Address 171 WEST JEFFERSON AVE
HOSCHTON, GA 30548

Date: 02/19/26
 Instructions: LEASE 325AG W/220 GALS
 Order #: _____

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		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 220	Gallons 220	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 669.57	Fuel Total 559.57	559.57
Tank Lease/YR 99.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		539.00
Safe Appliance Rebate		400.00
TOTAL BALANCE DUE		



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 5066
 Name: WESLEY CHAPEL CHURCH
 Address: 171 WEST JEFFERSON AVE
HOSCHTON, GA 30548

Date: 02/19/26
 Instructions: S/O P/U C/O 250AG TANK W/ LEASED
325AG W/220 GALS PUMP OVER GAS FROM C/O TANK
 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	Finance					
Manufacturer	Pange					
Model #	PY4GNAE6015AATP					
Serial #	4322F47469					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	25H0 45142	good	American	1997	AG	good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin MEL	1232	2120125	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	10.5	11.5
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
140 PSI	140 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ WC	_____ WC	_____ Mins					

Comments: 70% in tank. All appliances working correctly.

Customer Acknowledgment:

- 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>Brent Walton</u>	Service Technician (Signature) <u>Brent Walton</u>	Date <u>02-19-26</u>
Customer (Print)	Customer (Signature)	Date