

JSB

2/3/2026 9:06:48 AM

WORK ORDER

Morgan Hodges - Hwy 5 Gymnastics Center

4795 Blue Ridge Drive
Blue Ridge, GA 30513
(404) 427-9412

Customer #: 205589
Order #: 466814
Location #: 281613
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

new!

2699 per Pete

Description: 02/09/26 - T/I 1,000AG PURCHASED TANK W/200G @2.999/G
- RUN YARD LINE AND H/U. FINAL H/U. CALL: 678-777-7370
INVOICE REMAINING BALANCE - JB

Date Ordered: 2/3/2026	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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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205589
 Name: MORGAN HODGES - HWY 5 GYMNASIICS CENTER
 Address: 4795 BLUE RIDGE DR
BLUE RIDGE GA 30513

Date: 2-9-26
 Instructions: T/I 1000AG PURCHASED TANK W/200G @ 2.699 RUN LINE AND H/U FINAL H/U 678-777-7370
 Order #: 466814

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	Furnace	Furnace	Furnace	Furnace		
Manufacturer	Trane	Trane	Trane	Trane		
Model #	SFXG100V5BAD345822X00	SFXG100V5BAD345822X06	SFXG100V5BAD345822X06	SFXG100V5BAD345822X06		
Serial #	25331N8HKS	JHTK24201B2	KHTX24ARC	25461J8X6		
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
1000	M2526660	Good	Trane	2025	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	MFC	N.V.	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MFC	N.V.	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.8

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
WC	WC	Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

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>2-9-26</u>
Customer (Print) <u>not present</u>	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 205589
 Name MORGAN HODGES HWY 5 GYMNASTICS CENTER
 Address 4795 BLUE RIDGE DR
BLUE RIDGE GA 30513

Date: 2-9-26
 Instructions: T/I 1000AG PURCHASED W/800G @ 2.699
RUN YARD LINE AND CONNECT FINAL H/U 678-777-73
 Order #: 466814 70

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 _____

Retail Price		Contract Price
_____ Rinnai	\$ _____	\$ _____
Standard Vent Kit	\$ _____	\$ _____
Standard Install	\$ _____	\$ _____
Total	\$ _____	\$ _____

% in Tank _____

Tank Set		New Cust Special	
L.P. Gas /Gal	3.499	L.P. Gas /Gal	2.999
Gallons	800	Gallons	800
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	299.90	Fuel Total	2399.90
			2399.90
Tank Lease/YR	C/O	1st yr Lease	C/O
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
			29.95
Total Labor			
Total charges			
Prepay Bal On Account			

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.

Safe Appliance Savings	857.90
<i>Safe Appliance Rebate</i>	<i>800.00</i>

 CUSTOMER SIGNATURE

TOTAL BALANCE DUE