

Lock Box
2024

C

2/25/2026 12:18:08 PM

WORK ORDER

STEPHANIE FRINK

268 OAKLEDGE
MORGANTON, GA 30560
(586) 531-5136

Customer #: 27046
Order #: 474901
Location #: 251403
Zone: B-009-WED-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Sherry: 706-273-6544

Description: 2-26-26 T/I 7.5 W/H. 706-636-2233 (Blue Sky Cabin Rentals -
Sherry Or Casey) Lock Box 6202 or 6679 CCOF SM

Date Ordered: 2/25/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System

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 #: 27046
 Name: STEPHANIE FRINK
 Address: 268 OAKLEDGE
MORGANTON, GA 30560

Date: 2/26/26
 Instructions: T/I 7.5 W/H CALL 706-636-2233 LOCK BOX
6202 OR 6679 CCOF
 Order #: 474901

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	<u>N/H</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>Rea-VC2528FFUD-US(A)</u>					
Serial #	<u>PH-CA-126168</u>					
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
<u>320</u>	<u>839626</u>	<u>Good</u>	<u>Quality Steel Corp</u>	<u>2005</u>	<u>UG</u>	<u>Good</u>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st <u>Rego</u>	<u>3403TR</u>	<u>NV</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>Marshall</u>	<u>R2520</u>	<u>NV</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.2</u>	<u>13.6</u>

Piping System Leak Test:

Pressure Test:

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

Comments: _____

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>Alvin L. ...</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>2-26-26</u>
Customer (Print)	<u>Customer not present</u>	Customer (Signature)		Date	



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RINNAI WORK ORDER

Customer Acct #: 27046
 Name STEPHANIE FRINK
 Address 268 OAKLEDGE
MORGANTON GA 30560

Date: 2-26-26
 Instructions: T/I 7.5 W/H LOCK BOX 6202 OR 6679
586-531-5136 CCOF SM
 Order #: 474901

DESCRIPTION OF WORK	
COMMENTS: <u>Install 7.5 water heater heated away old unit</u>	
SERVICED BY: <u>AW / FS</u>	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>2-26-26</u>	<u>12:16 PM</u>	<u>3:20 PM</u>	<u>3 hrs</u>	100.00/hr	
			<u>1.5 hr labor free</u>	100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial AW

Start Pressure 50 End Pressure 50 Time Held 10 System OK YES

% in Tank 52

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 3 year contract for discount.

 CUSTOMER SIGNATURE

Retail Price		Contract Price	
<u>7.5</u> Rinnai	\$1673.00	\$	1299.95
Standard Vent Kit	\$426.95	\$	0.00
Standard Install	\$400.00	\$	0.00
Total	\$2499.95	\$	1299.95
Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			
Sub-Total			
Sales Tax			<u>91.00</u>
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			<u>150.00</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			1200.00
<u>Safe Appliance Rebate</u>			<u>200.00</u>
TOTAL BALANCE DUE			<u>1,565.95</u>