

JRV

3/4/2026 4:31:46 PM

# WORK ORDER

## Kathy Newcomb

828 Ivy Log Rd  
Blairsville, GA 30512  
(706) 455-7119

Customer #: 203404  
Order #: 481579  
Location #: 278931  
Zone: B-003-MON-  
Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 3-9-26 Afternoon if possible., Convert and hook up stove.  
706-455-7119 ~~GOOF~~ SM

Date Ordered: 3/4/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 2/4/2025

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 #: 203404  
 Name: KATHY NEWCOMB  
 Address: 828 IVY LOG RD  
BLAIRSVILLE GA30512

Date: 03/09/26  
 Instructions: CONVERT AND H/U STOVE  
 CALL 706-455-7119 CCOF-SM  
 Order #: 481579

**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	Samsung						
Model #	NX60A6511SS/AA						
Serial #	DJ4V70AHC04585K						
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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2417241	Good	TWare	2024	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	Rego 3403TR9	10/24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego 3403B4	NA	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.7	13.3

**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	<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 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)	Avin Wilcox	Service Technician (Signature)	[Signature]	Date	3-9-26
Customer (Print)	Kathy Newcomb	Customer (Signature)	[Signature]	Date	3-9-26



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# RINNAI WORK ORDER

Customer Acct #: 203404  
 Name KATHY NEWCOMB  
 Address 828 IVY LOG RD  
 BLAIRSVILLE, GA 30512

Date: 2/4/25  
 Instructions: T/I 250AGW200G@2.999, MOVE EXISTING  
 LINES, CALL 706-455-7119 \$ ON SITE VM  
 Order #324202

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 3.2999	L P Gas /Gal 2.999	L P Gas /Gal	L P Gas /Gal
Gallons 200	Gallons 200	Gallons	Gallons
FRCC \$9.79	FRCC \$9.79	FRCC	FRCC
Fuel Total 659.80	Fuel Total 599.80	Fuel Total	Fuel Total
Tank Lease/YR 99.00	1st yr Lease FREE	1st yr Lease	1st yr Lease
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee \$250	Tank Set Fee 20.00	Tank Set Fee	Tank Set Fee
Safety Inspection \$129.95	\$29.95	Safety Inspection	Safety Inspection
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings		495.93	
<b>Safe Appliance Rebate</b>		<b>50.00</b>	
<b>TOTAL BALANCE DUE</b>			