

3/3/2026 3:30:46 PM

# WORK ORDER

## Charles Stevenson

173 White Tail Drive  
Gillsville, GA 30543  
(770) 633-3461

Customer #: 205314  
Order #: 481319  
Location #: 281292  
Zone:  
Terms:

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 03-02-26, cod, Set lease 325UG w/260 gals

**Date Ordered:** 3/3/2026

**Scheduled Date:**

**Est. Completion:**

**Start:**

**Stop:**

**Name:**

**Last Service:** 1/20/2026

**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 #: 205314  
 Name CHARLES STEVENSON  
 Address 173 WHITE TAIL DRIVE  
GILLSVILLE, GA30543

Date: 03/02/26  
 Instructions: SET LEASE 325UG W/260 GALS T/I  
MONITOR JAKE TO DIG  
 Order #:

**DESCRIPTION OF WORK**

**COMMENTS:** Set leased 325 w/g w 260 Gals. Connected on site. Ran yrd line from tank and created stub out, installed second stage Regulator. Connected to stub. Labeled out tank. Installed monitor 80% in tank. no appliances on system.

**SERVICED BY:** OD Customer Paid Jake Directly

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3/2/26	10:15	11:15	1 hr	100.00/hr	100.00
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check Yes  No

Gas check attached Yes  No

Leak check Initial OD

Start Pressure \_\_\_\_\_ End Pressure \_\_\_\_\_ Time Held \_\_\_\_\_ System OK \_\_\_\_\_

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

% in Tank 80%

Tank Set	New Cust Special
L.P. Gas /Gal <u>2.999</u>	L.P. Gas /Gal <u>2.599</u>
Gallons <u>260</u>	Gallons <u>260</u>
FRCC \$9.79	FRCC \$9.79
Fuel Total <u>789.53</u>	Fuel Total <u>685.53</u>
Tank Lease/YR <u>129.00</u>	1st yr Lease <u>FREE</u>
Total Materials	<u>624.42</u>
Sub-Total	<u>1,309.95</u>
Sales Tax	<u>91.70</u>
Tank Set Fee \$250	Tank Set Fee <u>20.00</u>
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	
Safe Appliance Savings	<u>563.00</u>
<u>Safe Appliance Rebate</u>	<u>400.00</u>

**AMOUNT REC'D**

\$ 1,501.65

CASH  CHECK # 530

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.

[Signature]  
 CUSTOMER SIGNATURE

**TOTAL BALANCE DUE** 1,501.65



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205314

Date: 03/02/26

Name: CHARLES STEVENSON

Instructions: FINAL H/U

Address: 173 WHITE TAIL DRIVE  
GILLSVILLE, GA30543

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	Furnace					
Manufacturer	DAIKIN					
Model #	GR95960804CNA					
Serial #	2507124914					
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	m2160188	Good	ARC	2021	W/G	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	MEC	21 May 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	26 Jun 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11"	12"

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
90 PSI	40 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:**

80% in tank / All appliances in working condition

**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)	Owen Dins	Service Technician (Signature)	<i>Owen Dins</i>	Date	3/2/26
Customer (Print)	Charles Stevenson	Customer (Signature)	<i>Charles Stevenson</i>	Date	