

2/24/2026 1:20:32 PM

WORK ORDER

Doug Perkins

34 Cove Trail
Hartwell, GA 30643
(484) 232-9423

Customer #: 205751
Order #: 474531
Location #: 281805
Zone: J-007-THU-
Terms: Net 30

Map Code:

Tech: _____

Service Code: Propane Service

Description: 02-24-26, Coof, S/O w/ leased 325AG w/ ~~400~~ 2100 gals @ 2.499 T/I
monitor call Doug on the way 484-232-9423

Date Ordered: 2/24/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

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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**RINNAI
WORK ORDER**

Customer Acct #: 205751
 Name DOUG PERKINS
 Address 34 COVE TRAIL
HARTWELL, GA 30643

Date: 02/24/26
 Instructions: SET SET LEASED 325AG W/260 GALS
T/I MONITOR
 Order #: _____

| DESCRIPTION OF WORK |
|--|
| COMMENTS: <u>set leases 325 A/G w 260 gals. connected to existing yard line. Performed leak test at 80 psi. for 10 mins, no leaks found. 80% in tank on appliances in working condition. (in not add leak test into packet.</u> |
| SERVICED BY: <u>DD/LH</u> |

| DATE | START TIME | FINISH TIME | TOTAL TIME | LABOR RATE | AMOUNT |
|----------------|------------|-------------|------------|------------|--------|
| <u>2/24/26</u> | — | — | — | 100.00/hr | — |
| | | | | 100.00/hr | |

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial DD/LH

Start Pressure 80PSI End Pressure 80PSI Time Held 10mins System OK yes

% in Tank 80%

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

460F

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

| Retail Price | | Contract Price |
|------------------------------|----------------------------|------------------|
| Rinnai \$ | \$ | |
| Standard Vent Kit \$ | \$ | |
| Standard Install \$ | \$ | |
| Total \$ | \$ | |
| Tank Set | | New Cust Special |
| L.P. Gas /Gal <u>2,999</u> | L.P. Gas /Gal <u>2,499</u> | |
| Gallons <u>260</u> | Gallons <u>260</u> | |
| FRCC \$9.79 | FRCC \$9.79 | |
| Fuel Total <u>789.53</u> | Fuel Total <u>659.53</u> | <u>659.53</u> |
| Tank Lease/YR <u>99.00</u> | 1st yr Lease <u>FREE</u> | |
| Total Materials | | |
| Sub-Total | | <u>659.53</u> |
| Sales Tax | | <u>46.17</u> |
| Tank Set Fee \$250 | Tank Set Fee <u>20.00</u> | |
| Safety Inspection \$129.95 | \$29.95 | <u>49.95</u> |
| Total Labor | | |
| Total charges | | |
| Prepay Bal On Account | | |
| Safe Appliance Savings | | <u>600.00</u> |
| <u>Safe Appliance Rebate</u> | | <u>800.00</u> |
| TOTAL BALANCE DUE | | <u>255.65</u> |



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205751
 Name: DOUG PERKINS
 Address: 34 COVE TRAIL
HARTWELL, GA 30643

Date: 02/24/2026
 Instructions: SET, LEASED 325AG W/260 GALS
T/I MONITOR
 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 | Boiler | Furnace | Furnace | | | |
|----------------------------|---|---|---|--|--|--|
| Manufacturer | Peresca | Goodman | Carrier | | | |
| Model # | G31 | CAF363VADR | ZNPHPH1751A00BAA | | | |
| Serial # | NIV | 15282114 | 107120081 | | | |
| Burner/Combustion Chamber | <input checked="" type="checkbox"/> Ok | <input checked="" type="checkbox"/> Ok | <input checked="" 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 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 | <input type="checkbox"/> Ok <input type="checkbox"/> N/A |
| Sediment Trap | <input type="checkbox"/> Ok | <input checked="" type="checkbox"/> Ok | <input checked="" 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 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 | <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 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 |
| 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 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 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 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 | 25H029237 | Good | Amer | 1995 | Good | 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 | MEGR-11221-AA5 | 09/dec/24 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | |
| 2nd | Fisher | NIV | NIV | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11 |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|--------------|------------|---|----------------|--------------|------------|------------------------------|
| 80 PSI | 80 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:

Good 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) <u>Owen D. 115</u> | Service Technician (Signature) <u>Owen D. 115</u> | Date <u>2/24/26</u> |
| Customer (Print) <u>Douglas A Perkins</u> | Customer (Signature) <u>Douglas A Perkins</u> | Date <u>2/24/26</u> |