

*Confirmed
JMS*

3/6/2026 1:42:55 PM

WORK ORDER

Matthew Blomberg

138 Majestic Shores Drive
Hartwell, GA 30643
(706) 363-2448

Customer #: 205678
Order #: 482039
Location #: 281717
Zone: J-007-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 3-9-26 final hookup test anode ccof

| Date Ordered: | Scheduled Date: | Est. Completion: | Start: | Stop: |
|---------------|-----------------|------------------|--------|-------|
|---------------|-----------------|------------------|--------|-------|

Name: _____
Contract: _____
Manufact: _____
Notes: _____
Instructions: _____

Last Service: 2/12/2026
SC Renewal: _____
Model: _____

Last Tune Up:

Service History:

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



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RINNAI WORK ORDER

Customer Acct #: 205678
 Name MATTHEW BLOMBERG
 Address 138 MAJESTIC SHORES DRIVE
HARTWELL, GA 30643

Date: 03/09/26
 Instructions: SET LEASE 325UG W/260 GALS
 Order #: _____

| 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 | 3.499 | L.P. Gas /Gal 2.999 |
| Gallons | 260 | Gallons 260 |
| FRCC | \$9.79 | FRCC \$9.79 |
| Fuel Total | 919.53 | Fuel Total 789.53 |
| Tank Lease/YR | 129.00 | 1st yr Lease FREE |
| Total Materials | | |
| Sub-Total | | |
| Sales Tax | | |
| Tank Set Fee | \$250 | Tank Set Fee 20.00 |
| Safety Inspection | \$129.95 | \$29.95 |
| Total Labor | | |
| Total charges | | |
| Prepay Bal On Account | | |
| Safe Appliance Savings | | 589.00 |
| Safe Appliance Rebate | | 250.00 |
| TOTAL BALANCE DUE | | |



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205678
 Name: MATTHEW BLOMBERG
 Address: 138 MAJESTIC SHORES DRIVE
HARTWELL, GA 30643

Date: 03/09/26
 Instructions: FINAL H/U
 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 | Manufacturer | Model # | Serial # | Burner/Combustion Chamber | Manual Shutoff | Sediment Trap | Pilot Safety System | Electronic Ignition System | Venting System | Combustion Air | Taken Out of Service |
|--------------|--------------|--------------|--------------|--|---|--|---|---|---|--|---|
| Cook Stove | LG | LRG N6325X/0 | 505MMF00J187 | <input checked="" type="checkbox"/> Ok | <input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Ok | <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"/> Yes <input checked="" type="checkbox"/> No |
| log set | Heart Home | AVEL471PE-BU | 011825 | <input checked="" type="checkbox"/> Ok | <input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Ok | <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"/> Yes <input checked="" type="checkbox"/> No |
| Water Heater | Rheem | EC0HSLR01P | W15245712 | <input checked="" type="checkbox"/> Ok | <input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Ok | <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"/> Yes <input checked="" type="checkbox"/> No |

Container Check:

| Size | Serial # | Container Fitting Leak Test | Manufacturer | Manufacture Date | Location | Tank Condition |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 325 | M2542411 | Good | TRU | 2025 | UG | 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 | MEL | 09 DEC 24 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | | |
| 2nd | MEL | 16 FEB 23 | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 11.5 | 12.5 |

Piping System Leak Test:

Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass | Start Pressure | End Pressure | Time Held | Pass |
|----------------|--------------|-----------|---|----------------|--------------|-----------|---|
| 150 PSI | 150 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: 80% in tank. All appliances working correctly.

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>Brent Walton</u> | Service Technician (Signature) <u>Brent Walton</u> | Date <u>03-09-26</u> |
| Customer (Print) <u>Matthew Blomberg</u> | Customer (Signature) <u>[Signature]</u> | Date |