

3/18/2026 2:42:43 PM

WORK ORDER

Gloria Kolleda

512 Canter Way
Jefferson, GA 30549
(404) 317-2664

Customer #: 205642
Order #: 485127
Location #: 281677
Zone: J-005-WED-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 03-19-26, chg, final h/u, anode test, call Jeremy on the way
(678) 373-2608

Tech: _____

Date Ordered: 3/18/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: _____ **Last Service:** 3/11/2026 **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 #: 205642
 Name JEREMY COLLINSWORTH
 Address 512 CANTER WAY
JEFFERSON, GA 30549

Date: 02/09/26
 Instructions: SET LEASE 325UG W/260 GALS
TAKE ANODE AND 50FT ~~00~~ COPPER TUBING
 Order #:

DESCRIPTION OF WORK
COMMENTS: <u>Dropped off 325UG with 260gals. with 50' copper and anode bag. locked tank out.</u>
SERVICED BY: <u>BW/KS</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<u>02-09-26</u>	<u>0850</u>	<u>0915</u>	<u>.25</u>	100.00/hr	<u>0</u>
				100.00/hr	

FOR OFFICE USE ONLY			
Performed leak check	Yes	<input checked="" type="checkbox"/>	No
Gas check attached	Yes	<input checked="" type="checkbox"/>	No
Leak check	Initial	<u>BW</u>	
Start Pressure	End Pressure	Time Held	System OK

% in Tank 80% 0

AMOUNT REC'D
\$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
<input type="checkbox"/> 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

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	<u>2.999</u>
Gallons 260	Gallons 260	<u>260</u>
FRCC \$9.79	FRCC \$9.79	
Fuel Total 919.53	Fuel Total 789.53	<u>789.53</u>
Tank Lease/YR 129.00	1st yr Lease FREE	
Total Materials		<u>708.83</u>
Sub-Total		<u>1498.36</u>
Sales Tax		<u>49.61</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>589.00</u>
Safe Appliance Rebate		<u>400.00</u>
TOTAL BALANCE DUE		<u>1547.97</u>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205642
 Name: GLORIA KOLLEDA
 Address: 512 CAWTER WAY
JEFFERSON, GA 30549

Date: 03/10/26
 Instructions: RUN YARD LINE TO FIRE PIT T/I RISERS
CAP LINES TEST ANODE
 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	Washer	Logstoker				
Manufacturer	Rama	N/A				
Model #	R2P199i	N/A				
Serial #	JS.DA.1165076	N/A				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
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 checked="" 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 checked="" 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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	M2156038	Good	ARC	2021	v/6	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	MCC	09 Dec 21	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MCC	14 Feb 23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11	12

Piping System Leak Test:

Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
___ WC	___ WC	___ Mins	<input type="checkbox"/> No

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass
15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> No

Comments:

80% in tank

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)	<i>[Signature]</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	3/19/26
Customer (Print)		Customer (Signature)	<i>[Signature]</i>	Date	