

3/19/2026 1:49:57 PM

*confirmed*  
*dm*

# WORK ORDER

## Lawanna Saxon

1570 Saxon Road  
Watkinsville, GA 30677  
(478) 954-1533

Customer #: 205885  
Order #: 485627  
Location #: 281985  
Zone: J-018-THU-  
Terms: Net 30

**Map Code:**

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

**Service Code:** Propane Service

**Description:** 03-23-26, ccof, Set lease 250AG w/200 gals @ 2.499 run line about 10ft to stubout, call Lawanna on the way 478-954-1533

**Date Ordered:** 3/19/2026

**Scheduled Date:**

**Est. Completion:**

**Start:**

**Stop:**

**Name:**  
**Contract:**  
**Manufact:**  
**Notes:**  
**Instructions:**

**Last Service:**  
**SC Renewal:**  
**Model:**

**Last Tune Up:**

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes



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# RINNAI WORK ORDER

Customer Acct #: 205885  
 Name LAWANNA SAXON  
 Address 1570 SAXON ROAD  
WATKINSVILLE, GA 30677

Date: 03/23/26  
 Instructions: SET LEASE 250AG W/200 GALS  
 Order #: \_\_\_\_\_

## DESCRIPTION OF WORK

**COMMENTS:** *Set leased 250 A/G w/200 gals. Ran new yard line from tank to existing stub out, installed 2<sup>nd</sup> stage regulator. Converted cook stove. Performed leak test at 105 psi for 10 min. No leaks found. 80% in tank. All appliances working correctly.*

**SERVICED BY:** *KF*

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<i>3-23-26</i>	<i>9:30</i>	<i>10:30</i>	<i>2</i>	100.00/hr	<i>200.00</i>
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No  
 Gas check attached  Yes  No  
 Leak check Initial *KF*

Start Pressure *105 psi* End Pressure *105 psi* Time Held *10 min* System OK *yes*

% in Tank *80%*

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH     CHECK # \_\_\_\_\_

CREDIT CARD

# *CCOF*

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.

*Cust. Not Here*  
 CUSTOMER SIGNATURE

Retail Price		Contract Price
_____ Rinnai	\$ _____	\$ _____
Standard Vent Kit	\$ _____	\$ _____
Standard Install	\$ _____	\$ _____
Total	\$ _____	\$ _____
Tank Set		New Cust Special
L.P. Gas /Gal	<b>2.999</b>	L.P. Gas /Gal <b>2.499</b>
Gallons	<b>200</b>	Gallons <b>200</b>
FRCC	\$9.79	FRCC \$9.79
Fuel Total	<b>609.59</b>	Fuel Total <b>509.59</b>
Tank Lease/YR	<b>99.00</b>	1st yr Lease <b>FREE</b>
Total Materials		<i>424.47</i>
Sub-Total		<i>934.06</i>
Sales Tax		<i>74.73</i>
Tank Set Fee	\$250	Tank Set Fee <b>20.00</b>
Safety Inspection	\$129.95	\$29.95
Total Labor		<i>200.00</i>
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<i>529.00</i>
Safe Appliance Rebate		<i>50.00</i>
<b>TOTAL BALANCE DUE</b>		<i>1208.79</i>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205885

Date: 03/23/26

Name: LAWANNA SAXON

Instructions: SET LEASE 250AG W/200 GALS

Address: 1570 SAXON ROAD

Order #: \_\_\_\_\_

WATKINSVILLE, GA 30677

**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	<u>Cook Stove</u>	<u>Log Set</u>				
Manufacturer	<u>Kitchen Aids</u>	<u>Peterson</u>				
Model #	<u>KFGE500ES57</u>	<u>G10-24/30-G1UP</u>				
Serial #	<u>RDO510609</u>	<u>2149406</u>				
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 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 type="checkbox"/> Ok <input checked="" 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
Electronic Ignition 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
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
<u>250</u>	<u>286023509</u>	<u>Good</u>	<u>American</u>	<u>1996</u>	<u>AVG</u>	<u>Good</u>

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st <u>MGC</u>	<u>1122</u>	<u>09 Dec 24</u>	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>MGC</u>	<u>1222</u>	<u>16 Feb 23</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>10.5</u>	<u>11</u>

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>105</u> PSI	<u>105</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> 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>Kevin Smart</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>3-23-26</u>
Customer (Print) <u>Curti Abbott</u>	Customer (Signature) _____	Date _____