

Confirmed
e Cct

3/30/2026 1:25:59 PM

WORK ORDER

Sophia Beavers

54 Overlook Dr.
Blue Ridge, GA 30513
(706) 455-8820

Customer #: 205670
Order #: 488818
Location #: 281710
Zone: B-015-FRI-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

T/I 36" monesson

Description: ~~40726~~ - T/I 7.5 RINNAI W/3YR GAS CONTRACT. RUN YARD
LINE. LINE TO C/C STOVE, HVAC AND W/HEATER, STUB
LINE TO FIREPLACE - T/I MONITOR AUTO - ANODE TEST -
CALL JEFF 706-455-4376 - CCOF - CT

04/16

Date Ordered: 3/30/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 2/12/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205670
 Name: SOPHIA BEAVERS
 Address: 54 OVERLOOK DRIVE
BLUEE RIDGE, GA 30513

Date: 4/3/26
 Instructions: T/I 7.5 RINNAI W/3YR CONTRACT. RUN YD
LINE TO STOVE, HVAC, FIREPLACE. C/C STOVE KIT
ON-SITE. T/I MONITOR ANODE TEST CALL JEFF
 Order #: 488818 706-455-4376 CCOF

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
Hot Water Heater	Rinnai	RL75i	PH 60-121496	<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
Hvac	international	Eam 53204609 Eam 5327M17A1E	J25320	<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
Stove	FFG	FFG3062055	FFG3062055	<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
Refrigerator	FFG	FFG3062055	FFG3062055	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
320	ma503321	Good	TriARC	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	Rego Lv3403TR9	02-26	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego Lv4403B46	01-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	21.1	13.2

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 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:

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)	Alex Cas	Service Technician (Signature)		Date
Customer (Print)	CNAP	Customer (Signature)		Date



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RINNAI WORK ORDER

Customer Acct #: 205670
 Name SOPHIA BEAVERS
 Address 54 OVERLOOK DRIVE
BLUE RIDGE, GA 30513

Date: 4/3/26
 Instructions: T/I 7.5 RINNAI W/3YR CONTRACT. RUN YD
LINE TO STOVE, HVAC, W/H, AND FIREPLACE CALL
JEFF 706-455-4376 T/I MONITOR ANODE TEST
 Order #: 488818

DESCRIPTION OF WORK
COMMENTS: <u>Installed Rinnai 7.5</u>
SERVICED BY: <u>AC/CF</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	<u>8:25</u>	<u>12:25</u>	<u>4 HRS - 1.5 HR</u>	100.00/hr	<u>2.5 HR</u>
				100.00/hr	<u>250.00</u>

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 80

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 3 year contract for discount.

 CUSTOMER SIGNATURE

Retail Price		Contract Price	
<u>7.5</u> Rinnai	\$ 1673.00	\$ 1299.95	
Standard Vent Kit	\$ 426.95	\$ 0.00	
Standard Install	\$ 400.00	\$ 0.00	
Total	2499.95	1299.95	1299.95
Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			
Sub-Total			<u>4319.92</u>
Sales Tax			<u>283.21</u>
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			<u>250.00</u>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<u>1200.00</u>
<u>Safe Appliance Rebate</u>			<u>650.00</u>
TOTAL BALANCE DUE			<u>4603.13</u>