

✓CLT

*a*

# WORK ORDER

## James Pilgrim

56 Kyle Rd  
Blue Ridge, GA 30513  
(706) 496-1628

Customer #: 205955  
Order #: 495269  
Location #: 282072  
Zone: B-015-FRI-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

*4/17/26*

Description: ~~4/16/26~~ T/I 120g w/100g@3.599 run lines C/C stove Conversion  
kit on site. CCOF-CLT

*T/I Monitor*

Date Ordered: 4/8/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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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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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205955

Date: 4/16/26

Name: JAMES PILGRIM

Instructions: T/I120GW/100G@3.599 RUN LINES

Address: 56 KYLE ROAD

**C/C STOVE CONVERSION KIT ON SITE**

BLUE RIDGE GA 30513

Order #: 495269

**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	stove					
Manufacturer	Samsung					
Model #	NX60A6511SS/AA					
Serial #	0J4V7DAL109303F					
Burner/Combustion Chamber	<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
Manual Shutoff	<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	<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 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 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 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 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 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
120	25L059593	Good	American	2003	As	Good

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure	
Twin	Rejo	404B34	2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.9
1st				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
75 PSI	75 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: \_\_\_\_\_

**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)	Dillon Payne	Service Technician (Signature)	<i>Dillon Payne</i>	Date	4/17/26
Customer (Print)	James R Pilgrim	Customer (Signature)	<i>James R Pilgrim</i>	Date	4/17/26



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# RINNAI WORK ORDER

Customer Acct # 205955  
 Name JAMES PILGRIM  
 Address 56 KYLE ROAD  
BLUE RIDGE GA 30513

Date: 4/16/26  
 Instructions: T/I 120GW/100G@3.599 RUN LINES  
C/C STOVE CONVERSION KIT ON SITE  
 Order #: 495269

DESCRIPTION OF WORK	
<b>COMMENTS:</b>    	
<b>SERVICED BY:</b>	

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 \$		\$
<b>Total \$</b>		\$
Tank Set		New Cust Special
L.P. Gas /Gal <b>3.599</b>		L.P. Gas /Gal <b>3.599</b>
Gallons <b>100</b>		Gallons <b>100</b>
FRCC \$9.79		FRCC \$9.79 <b>9.79</b>
<b>Fuel Total 359.90</b>		<b>Fuel Total 359.90 359.90</b>
Tank Lease/YR <b>99.00</b>		1st yr Lease <b>99.00 99.00</b>
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250		Tank Set Fee
Safety Inspection \$129.95		\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<b>350.00</b>
<i>Safe Appliance Rebate</i>		<i>50.00</i>
TOTAL BALANCE DUE		