

WORK ORDER

Tee Jeter

1285 Walnut Ridge
 Ellijay, GA 30536
 (352) 342-1124

Customer #: 205934
 Order #: 496279
 Location #: 282045
 Zone:
 Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 04/21/26 - Go 1st! T/I Rinnai RX160 hang and vent. T/I 250AG
 W/50G PUMP OVER FREEMAN - RUN 20FT 2" PIPE FOR
 VENT. TAKE WATER LINE AS WELL PER COLBY STANTON
 CALL: 706-455-3330 CCOF - JB

Date Ordered: 4/15/2026	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 #: 205934
 Name: TEE JETER
 Address: 1285 WALNUT RIDGE
ELLIJAY, GA 30536

Date: 4/21/26
 Instructions: T/I RX160 T/I 250AG W/50G PUMP EXISTING
RUN 20FT 2" PIPE FOR VENT. TAKE WATER LINE AS
WELL PER COLBY STANTON CALL 706-455-3330 CCOF
 Order #: 496279

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	W. Heater	log set	Gen.			
Manufacturer	Rinnia	Everwarm	Guardian			
Model #	RX160i	FWP02430P	0055040			
Serial #	TA3A-01	A18J027237	5356898			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<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 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 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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting/Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2319565	Good	Triarc	2023	A.G.	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	08-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Rego	3403B4	04-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4
					12.7

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 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>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>4-21-26</u>
Customer (Print)	Customer (Signature)	Date <u>4-21-26</u>



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RINNAI WORK ORDER

Customer Acct #: 205934
 Name TEE JETER
 Address 1285 WALNUT RIDGE
ELLIJAY, GA 30536

Date: 4/21/26
 Instructions: T/I RX160 T/I 250AGW/50G PUMP EXISTING
RUN 20FT 2" PIPE FOR VENT. TAKE WATER LINE AS
WELL PER COLBY STANTON CALL 706-455-3330 CCOF
 Order #: 496279

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5HR	100.00/hr	INCLUDED IN CONTRACT PRICE
				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 3 year contract for discount.

CUSTOMER SIGNATURE

Retail Price		Contract Price		
RX160 Rinnai	\$2068.00	\$	1999.95	
Standard Vent Kit	\$481.95	\$	0.00	
Standard Install	\$400.00	\$	0.00	
Total	\$2949.95	\$	1999.95	1999.95
Tank Set		New Cust Special		
L.P. Gas /Gal	2.999	L.P. Gas /Gal	2.599	
Gallons	50	Gallons	50	
FRCC	\$9.79	FRCC	\$9.79	9.79
Fuel Total	149.95	Fuel Total	124.95	124.95
Tank Lease/YR	99.00	1st yr Lease	FREE	FREE
Total Materials				
Sub-Total				
Sales Tax				
Tank Set Fee	\$250	Tank Set Fee	20.00	20.00
Safety Inspection	\$129.95		\$29.95	29.95
Total Labor				
Total charges				
Prepay Bal On Account				
Safe Appliance Savings				1479.18
<i>Safe Appliance Rebate</i>				<i>200.00</i>
TOTAL BALANCE DUE				