

Confirmed ✓  
Jm

4/22/2026 3:48:38 PM

# WORK ORDER

## Melissa Thibodeau

539 Bell Wood Road  
Jefferson, GA 30549  
(770) 714-1219

Customer #: 206001  
Order #: 497454  
Location #: 282149  
Zone: J-016-TUE-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 04-28-26, auto, GO FIRST, Set lease 250AG w/200 gals @ 2.499 run line and h/u to stub, T/I 24" VFSE burner and 24" Super Sasafra Logs, T/I monitor, call Melissa on the way 770-714-1219

Date Ordered: 4/22/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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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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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206001  
 Name: MELISSA THIBODEAU  
 Address: 539 BELL WOOD ROAD  
JEFFERSON, GA 30549

Date: 04/28/26  
 Instructions: SET LEASE 250AG W/200 GALS RUN LINE  
H/U TO STUB T/I 24" VFSE BURNER W/ SUPER SASS  
 Order #: LOGS T/I MONITOR

**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>Log Set</u>	<u>Cook Stove</u>				
Manufacturer	<u>Empire</u>	<u>CeFe</u>				
Model #	<u>UCFE 24-Z</u>	<u>C2Y366PRT251</u>				
Serial #	<u>24LSP377038</u>	<u>2A907240P</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 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
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>286020098</u>	<u>Good</u>	<u>American</u>	<u>1995</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>MFC</u>	<u>1122</u>	<u>08 Dec 24</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd <u>MFC</u>	<u>1222</u>	<u>16 Feb 23</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>10.5</u>	<u>11.5</u>

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>95</u> PSI	<u>95</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: 90% 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>4.28.26</u>
Customer (Print) <u>Melissa Thibodeau</u>	Customer (Signature) <u>[Signature]</u>	Date <u>04/28/26</u>



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# RINNAI WORK ORDER

Customer Acct #: 206001  
 Name MELISSA THIBODEAU  
 Address 539 BELL WOOD ROAD  
JEFFERSON, GA 30549

Date: 04/28/26  
 Instructions: SET LEASE 250AG W/200 GALS RUN  
LINE H/U TO STUB T/I 24"VFSE BURNERW/ SUPER  
 Order #: SASS LOGS T/I MONITOR

DESCRIPTION OF WORK
<b>COMMENTS:</b> <i>Set leased 250 A/G w/200 gals. Ran New yard line to existing stub out, installed 2<sup>nd</sup> Stage regulator. Took and installed VFSE 24in burner with Super Pass logs. Performed leak test @ 95 psi for 10min. No leaks found. 80% in tank. All appliances working correctly.</i>
<b>SERVICED BY:</b> <i>KS</i>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
4-28-26	9:15	10:15	1	100.00/hr	
4-28-26	10:15	11:15	1	100.00/hr	100.00

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No  
 Gas check attached  Yes  No  
 Leak check Initial KS

Start Pressure 95 psi End Pressure 95 psi Time Held 10min System OK

% 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.

*Melissa Thibodeau*  
 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		<b>2268.05</b>
Sub-Total		<b>2777.64</b>
Sales Tax		<b>222.22</b>
Tank Set Fee	\$250	Tank Set Fee <b>20.00</b>
Safety Inspection	\$129.95	\$29.95
Total Labor		<b>100.00</b>
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		<b>529.00</b>
<b>Safe Appliance Rebate</b>		<b>50.00</b>
<b>TOTAL BALANCE DUE</b>		<b>3099.86</b>