

WORK ORDER**Matthew Hanson**

157 Marshall Rise
Blairsville, GA 30512
(239) 250-0087

Customer #: 205341
Order #: 498302
Location #: 281323
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:**Service Code:** Propane Service

Description: 04/30/26 - FINAL H/U. TAKE 100FT 5/8" COPPER. CALL GREG
TOWE: 706-455-3662 ~~eeof~~ - JB

Email Invoice to Mary Jo

Date Ordered: 4/29/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
Name:	Last Service: 3/3/2026	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 #: 205341

Date: 4/30/26

Name: MATTHEW HANSON

Instructions: FINAL H/U. TAKE 100FT 5/8IN COPPER

Address: 157 MARSHALL RISE

CALL: 706-455-3662 CCOF - JB

BLAIRSVILLE, GA 30512

Order #: 498302

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	Water heater	#	4	4	4	4	4	4	4
Manufacturer	Rinnai			Bryant					
Model #	RXP199i			CVAMA6021XMAEAA					
Serial #	TJBA-211727			4225121292					
Burner/Combustion Chamber	☒ Ok	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☒ Ok	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
320	M2503320	9000	triac	2025	46	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Rejo	3403TR9	2025	☒ Correct ☐ Incorrect	
2nd	Rejo	LV440344	2024	☒ Correct ☐ Incorrect	11.3

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	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
110 WC	100 WC	_____ Mins	☐ No				☐ 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)	Dillon Payne	Date	4/30/26
Customer (Print)	CNH	Customer (Signature)		Date	



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RINNAI WORK ORDER

Customer Acct #: **205341**

Name **MATTHEW HANSON**

Address **157 MARSHALL RISE**

BLAIRSVILLE, GA 30512

Date: **1/15/26**

Instructions: **DROP 325UG W/50G@2.2599G. DROP ANODE
BAG. HANG AND VENT RXP199 CALL GREG TOWE**

Order #: **449358** CCOF **706-455-3662**

DESCRIPTION OF WORK

COMMENTS:

SERVICED BY:

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 **3** year contract for discount.

CUSTOMER SIGNATURE

Retail Price		Contract Price	
RXP199 Inna	\$ 2992.00	\$ 2799.95	
Standard Vent Kit	\$ 957.95	\$ 0.00	
Standard Install	\$ 500.00	\$ 0.00	
Total	\$ 4449.95	\$ 2799.95	2799.95
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
Fuel Total	149.95	Fuel Total	129.95
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings		2254.93	
Safe Appliance Rebate		600.00	
TOTAL BALANCE DUE			