

Confirmed ✓

5/8/2026 10:41:37 AM

# WORK ORDER

## Chandler Payne

1856 Rock Springs Road  
Alto, GA 30510  
(770) 530-0759

Customer #: 206058  
Order #: 504171  
Location #: 282224  
Zone: J-021-WED-  
Terms: Net 30

### Map Code:

Service Code: Propane Service

Description: 5-11-26, cod, Set lease 250UG w/200 gals @ 2.499 run approx.  
50-75 ft of line from tank to stub out, H/U cooktop w/ oven,  
customer to dig and possibly trench as well, call Chandler on the  
way 770-530-0759

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

|                        |                 |                  |        |               |
|------------------------|-----------------|------------------|--------|---------------|
| Date Ordered: 5/8/2026 | Scheduled Date: | Est. Completion: | Start: | Stop:         |
| 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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# RINNAI WORK ORDER

Customer Acct #: 206058  
Name CHANDLER PAYNE  
Address 1856 ROCK SPRINGS ROAD  
ALTO, GA 30510

Date: 05/11/26  
Instructions: SET LEASE 250UG W/200 GALS RUN  
LINE FROM TANK TO STUB  
Order #: \_\_\_\_\_

## DESCRIPTION OF WORK

**COMMENTS:** Set leased 250 w/ 200 gals. Connected Ran new yard line from tank to stub out, installed 2nd Stage regulator. Connected and installed back stove. Performed leak test @ 135 psi for 10 min. No leaks found 80% in tank.

SERVICED BY: KS/OD

| DATE    | START TIME | FINISH TIME | TOTAL TIME | LABOR RATE | AMOUNT |
|---------|------------|-------------|------------|------------|--------|
| 5-11-26 | 11:15      | 1:00        | 1.75       | 100.00/hr  | 175.00 |
|         |            |             |            | 100.00/hr  |        |

### FOR OFFICE USE ONLY

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

Start Pressure 135 psi End Pressure 135 psi Time Held 10 min. System OK Yes

% 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.

Cash Not here

CUSTOMER SIGNATURE

### Retail Price

### Contract Price

|                      |    |
|----------------------|----|
| Rinnai \$            | \$ |
| Standard Vent Kit \$ | \$ |
| Standard Install \$  | \$ |
| Total \$             | \$ |

### Tank Set

### New Cust Special

|                       |          |               |         |
|-----------------------|----------|---------------|---------|
| L.P. Gas /Gal         | 2.999    | L.P. Gas /Gal | 2.499   |
| Gallons               | 200      | Gallons       | 200     |
| FRCC                  | \$9.79   | FRCC          | \$9.79  |
| Fuel Total            | 609.59   | Fuel Total    | 509.59  |
| Tank Lease/YR         | 129.00   | 1st yr Lease  | FREE    |
| Total Materials       |          |               | 1495.66 |
| Sub-Total             |          |               | 2005.25 |
| Sales Tax             |          |               | 180.48  |
| 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 559.00  
Safe Appliances Rebate 50.00

TOTAL BALANCE DUE

2360.73



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **206058**

Name: **CHANDLER PAYNE**

Address: **1856 ROCK SPRINGS ROAD**

**ALTO, GA 30510**

Date: **05/11/26**

Instructions: **SET LEASE 250UG W/200 GALS RUN LINE  
FROM TANK TO STUB OUT**

Order #:

**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                  | Cook Stove                                                          |                                                          |                                                          |                                                          |                                                          |                                                          |
| Manufacturer               | Kitchen Aids                                                        |                                                          |                                                          |                                                          |                                                          |                                                          |
| Model #                    | KFG5976JSS00                                                        |                                                          |                                                          |                                                          |                                                          |                                                          |
| Serial #                   | DE5102712                                                           |                                                          |                                                          |                                                          |                                                          |                                                          |
| 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 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 |
|------|----------|-----------------------------|--------------|------------------|----------|----------------|
| 250  | m2545059 | Good                        | RESTO        | 2025             | W/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          | MCC   | 1122           | 09 Dec 24                                                           | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                  |
| 2nd          | MCC   | 1222           | 16 Feb 23                                                           | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | 10.5             |

## Piping System Leak Test:

## Pressure Test:

| Start Pressure | End Pressure | Time Held | Pass                                    | Start Pressure | End Pressure | Time Held | Pass                                    |
|----------------|--------------|-----------|-----------------------------------------|----------------|--------------|-----------|-----------------------------------------|
| 135 PSI        | 135 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: 80% 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) | Kevin Smart    | Service Technician (Signature) | [Signature] | Date | 5-11-26 |
| Customer (Print)           | Cust. not here | Customer (Signature)           |             | Date |         |