

Confirmed

5/26/2026 8:36:18 AM

WORK ORDER

James Kendrick

7071 Sanctuary Drive
Jefferson, GA 30549
(571) 420-4566

Customer #: 206101
Order #: 507035
Location #: 282281
Zone: J-005-WED-
Terms: Net 30

Map Code:

Service Code: Propane Service

Description: 5-27-26 run yard line and h/u to tank and house COD
571-420-4566

Tech:

Date Ordered:	5/26/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Last Service: 5/20/2026 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 #: 206101
Name JAMES KENDRICK
Address 7071 SANCTUARY DRIVE
JEFFERSON, GA 30549

Date: 5/27/26
Instructions: SET LEASE 120AG W/100 GALS
Order #: _____

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 _____ year contract for discount.
CUSTOMER SIGNATURE _____

Retail Price		Contract Price
_____ Rinnai \$	\$	
Standard Vent Kit \$	\$	
Standard Install \$	\$	
Total \$	\$	
Tank Set		New Cust Special
L.P. Gas /Gal 3.599	L.P. Gas /Gal 3.599	
Gallons 100	Gallons 100	
FRCC \$9.79	FRCC \$9.79	
Fuel Total 369.69	Fuel Total 369.69	
Tank Lease/YR 99.00	1st yr Lease 99.00	
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		330.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 206101

Date: 5/27/26

Name: JAMES KENDRICK

Instructions: RUN YARD LINE AND H/U TO TANK AND

Address: 7071 SANCTUARY DRIVE

HOUSE

JEFFERSON, GA 30549

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 Top	Grill	Log/15/16 x2		
Manufacturer	Kitchen Aid	Norgrill	N/A		
Model #	KECK3665500	N/A	N/A		
Serial #	XW2303492	N/A	N/A		
Burner/Combustion Chamber	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☐ 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
Venting System	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☒ Ok	☒ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	244 000985	Good	American	2005	W/E	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin MEC	1232	21 Jul 25	☒ Correct ☐ Incorrect	10.5	11
1st			☐ Correct ☐ Incorrect		
2nd			☐ Correct ☐ Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
9.5 PSI	9.5 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ No

Comments: 4% 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 Smith	Service Technician (Signature)	[Signature]	Date	5-27-26
Customer (Print)	JAMES KENDRICK	Customer (Signature)	[Signature]	Date	