

WORK ORDER

John Hritz -DBA Normandy Properties LLC

257 Gallery Court
 Ellijay, GA 30540
 (404) 394-2526

Customer #: 205835
 Order #: 507729
 Location #: 281915
 Zone: B-030-MON-
 Terms: Net 30

Map Code:

Service Code: Propane Service ²

Description: 6/5/26 Final H/U - T/I 30" Palmetto Oak - C/C Stove kit on site
 Call 404-394-2526 CCOF-CLT

Tech: _____

Date Ordered: 5/29/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 3/25/2026

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 #: 205835
 Name: JOHN HRITZ DBA NORMANDY PROPERTIES LLC
 Address: 257 GALLERY COURT
ELLIJAY, GA 30540

Date: 6/5/26
 Instructions: FINAL H/U - T/I 30" PALMETTO OAK - CC
KIT ON SITE STOVE, CALL 404-394-2526 CCOF
 Order #: 507729

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	Log Set	Log Set	Stove
Manufacturer	Rve/worm	Rve/worm	L6
Model #	RJF02430PV	RJF02430PV	L56L583F
Serial #	10058434	10058436	512MM560X462
Burner/Combustion Chamber	<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
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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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
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
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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M 2510236	600#	TRAC	2025	46	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	ME6K-122H	25 Mar 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	Reyo	LV440374	2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2 / 13.1

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
105 PSI	105 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 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>Dillon Payne</u>	Service Technician (Signature)	<u>Dillon Payne</u>	Date	<u>6/5/26</u>
Customer (Print)		Customer (Signature)		Date	

CNT



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RINNAI WORK ORDER

Customer Acct #: **205835**
 Name **JOHN HRITZ DBA NORMANDY PROPERTIES LLC**
 Address **257 GALLOWAY COURT**
COOSAWATTEE GA 30540

Date: **3/12/26**
 Instructions **TAKE 250UG W/50G@2.499 GC TO BURY**
ANODE BAG 25FT OF 1/2 YELLOW POLY 25FT TRACER TAP!
 Order #: **482590** CCOF-CLT

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 _____

Retail Price	Contract Price
_____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

% in Tank

Tank Set	New Cust Special
L P Gas /Gal 2.999	L P Gas /Gal 2.499
Gallons 50	Gallons 50
FRCC \$9.79	FRCC \$9.79
Fuel Total 149.95	Fuel Total 149.95
Tank Lease/YR 129.00	1st yr Lease FREE
Total Materials	FREE
Sub-Total	
Sales Tax	
Tank Set Fee \$250	Tank Set Fee 20.00
Safety Inspection \$129.95	\$29.95 29.95
Total Labor	
Total charges	
Prepay Bal On Account	

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

Safe Appliance Savings	487.33
Safe Appliance Rebate 50.00	
TOTAL BALANCE DUE	