

# WORK ORDER

**Kevin Moody**

1902 Highway 382W  
Ellijay, GA 30540  
(404) 456-2823

Customer #: 200343  
Order #: 507073  
Location #: 275105  
Zone: B-042-TUE-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 06/01/26 - Run new gas line to stove in laundry room through the crawlspace approx. 10ft and H/U. Call: 404-456-2823 CCOF - JB

<b>Date Ordered:</b> 5/26/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Last Service:** 6/27/2025

**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 #: 200343  
 Name: KEVIN MOODY - RESIDENCE  
 Address: 1902 HIGHWAY 382W  
ELLIJAY, GA 30540

Date: 6/01/26  
 Instructions: RUN NEW LINE TO GAS STOVE THROUGH THE CRAWLSPACE TO THE LAUNDRY ROOM AND H/U. CCOF-JB  
404-456-2823  
 Order #: 507073

**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	Stove					
Manufacturer	Viking					
Model #	V61C37626BSS01					
Serial #	072225C10096752					
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 checked="" 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	m2244622	good	ARCOSA	2022	AJ	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	Rejo 3403TR9	2024	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rejo 440344	12/22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	13.2

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
120 PSI	120 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <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)	Dillon Payne	Service Technician (Signature)	Dillon Payne	Date	6/1/26
Customer (Print)		Customer (Signature)		Date	

CM



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# RINNAI WORK ORDER

Customer Acct #: 200343  
 Name KEVIN MOODY  
 Address 1902 HWY 382W  
ELLIJAY GA 30540

Date: 9/22/23  
 Instructions: T/I 250AG W/200G@2.999. RUN LIN TO GRILL & H/U. RUN LINE FOR STOVE. HAUL AWAY RUSTED TANK. CALL 404-456-2823. CCOF JS  
 Order #: 134913

## 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	<b>3.199</b>	L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>200</b>	Gallons	<b>200</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>63.98</b>	Fuel Total	<b>59.98</b>
Tank Lease/YR	<b>99.00</b>	1st yr Lease	<b>FREE</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00</b>
Safety Inspection	\$129.95		\$29.95
Total Labor			<b>29.95</b>
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>440.21</b>
<i>Safe Appliance Rebate</i>			<b>50.00</b>
<b>TOTAL BALANCE DUE</b>			