

✓ Oct

5/28/2026 10:22:17 AM

# WORK ORDER

## Jody Wilson DBA BR MNT Home Builders

Lot 6 Clay's Way  
Blue Ridge, GA 30560  
(706) 455-6408

Customer #: 205765  
Order #: 507500  
Location #: 281818  
Zone: B-010-THU-  
Terms: Net 30

**Map Code:**

**Service Code:** Propane Service

**Description:** 6-2-26 Run line for grill, run yard line and do final hook up.

Check W/H make sure it is connected. T/I 2 - 24" Sassatras  
w/wall timers 706-455-6408

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

<b>Date Ordered:</b> 5/28/2026	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:** Last Service: 2/27/2026

**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 #: 205765  
 Name: JODY WILSON DBA BR MNT HOME BUILDERS  
 Address: LOT #6 CLAYS WAY  
BLUE RIDGE GA 30513

Date: 6-2-26  
 Instructions: RUN LINE FOR GRILL AND YARD LINE. T/I 2 - 24" SASSAFRAS W/ WALL TIMERS. MAKE SURE W/H IS CONNCTED 706-455-6408  
 Order #: 507500

**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	Logset	Logset	W/H			
Manufacturer	Empire	Empire	Navien			
Model #	VFSR 24-LP	VFSR 24-LP	NPE-150S2			
Serial #	2318P327043	2318P327036	2075U2562319743			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" 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 checked="" type="checkbox"/> No	<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

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	m25105415	Good	Arco	2025	UL	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	1250	34037129	2-26		
2nd	1250	340384	10-23	11.7	13.4

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
90 PSI	90 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: Could not test w/H no under at time of hook-up

### Customer Acknowledgment:

- 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>Alvin Wilson</u>	Service Technician (Signature) 	Date <u>6-2-26</u>
Customer (Print) <u>Customer not present</u>	Customer (Signature)	Date



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# RINNAI WORK ORDER

Customer Acct #: 205765  
 Name JODY WILSON DBA BR MNT HOME BUILDERS  
 Address LOT 6 CLAYS WAY  
BLUE RIDGE GA 30560

Date 02/27/26  
 Instructions: T/I 250UG W/20G PER MIKE+ANODE  
+ ROUGH IN 5 DROPS W/H,STOVE,GRILL,2XFP  
 Order #: 475436 CALL 706-455-6408

INVOICE-JB

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	<b>2.999</b>	L P Gas /Gal	<b>2.599</b>
Gallons	<b>10</b>	Gallons	<b>10</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>29.99</b>	Fuel Total	<b>25.99</b>
Tank Lease/YR	<b>129.99</b>	1st yr Lease	<b>FREE FREE</b>

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH     CHECK # \_\_\_\_\_

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee <b>20.00 20.00</b>
Safety Inspection	\$129.95	\$29.95 <b>29.95</b>
Total Labor		
Total charges		
Prepay Bal On Account		

\* 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	472.31
<b>Safe Appliance Rebate</b>	<b>200.00</b>

**TOTAL BALANCE DUE**