

confirmed 



12/4/2025 11:52:02 AM

# WORK ORDER

## Austin Williams

22 Walnut Spur  
Mineral Bluff, GA 30559  
(706) 455-6632

Customer #: 205066  
Order #: 431742  
Location #: 280988  
Zone: B-014-WED-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 12/08/25 - T/I 250W/100G@2.599G DROP IN CALL  
706-455-6632 - CCOF - CT

<b>Date Ordered:</b> 12/4/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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<b>Name:</b>	<b>Last Service:</b>	<b>Last Tune Up:</b>
<b>Contract:</b>	<b>SC Renewal:</b>	
<b>Manufact:</b>	<b>Model:</b>	
<b>Notes:</b>		
<b>Instructions:</b>		

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205066  
 Name: AUSTIN WILLIAMS  
 Address: 22 WALNUT SPUR  
MINERAL BLUFF, GA 30559

Date: 12/08/25  
 Instructions: T/I 250W/100G@2.599G DROP IN CALL  
706-455-6632 CCOF  
 Order #: 431742

**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	fulhage					
Manufacturer	TRane					
Model #	N92MS No 601714A					
Serial #	A253062455					
Burner/Combustion Chamber	<input checked="" 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				
Sediment Trap	<input checked="" 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				
Electronic Ignition System	<input checked="" 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				
Combustion Air	<input checked="" 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				

### Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2500181	Good	TRANC	2025	AG	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	REGO	3403TK9	2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	me6	me6R-1622E	20 NOV 23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1

### Piping System Leak Test:

### Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 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 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)	Alex Cash	Service Technician (Signature)	<i>Alex Cash</i>	Date
Customer (Print)	CNAP	Customer (Signature)		Date



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# RINNAI WORK ORDER

Customer Acct #: 205066  
 Name AUSTIN WILLIAMS  
 Address 22 WALNUT SPUR  
MINERAL BLUFF, GA 30559

Date: 12/08/25  
 Instructions: T/I 250W/100G@2.599G DROP IN CALL  
706-455-6632 CCOF  
 Order #: 431742

## 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>2.999</b>	L.P. Gas /Gal	<b>2.599</b>
Gallons	<b>100</b>	Gallons	<b>100</b>
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	<b>299.90</b>	Fuel Total	<b>259.90</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			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			<b>532.33</b>
Safe Appliance Rebate			<b>400.00</b>
<b>TOTAL BALANCE DUE</b>			