

confirmed JB

12/7/2025 2:03

WORK ORDER

Todd Corneillie

1338 Old Chapel Road
Morganton, GA 30560
(352) 364-2846

Customer # 205075
Order # 432499
Location #: 2
Zone: B-009-
Terms: N

Tech: _____

Map Code:

Service Code: Propane Service

Description: 12/09/25 - T/I 250 W200G@2.599G RUN YARD @25FT/
ROUND IN FOR STOVE AND SPACE HEATER. REFERRED
BY 24250 - CALL 352-364-2846 - CCOF ?/CT

Date Ordered: 12/7/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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PETE _____

CHECKLIST

ACCOUNT# 205075 CUSTOMER NAME TODD CORNEILLIE

DATE SCHEDULED 12/09/25 DATE OF ACTUAL SERVICE 12/9/25

ORIGIN OF SHIPMENT _____

TANK SET

TANK SIZE 250 TANK SERIAL # M2500186 SERVICE BY B6, Bp, Dp

% IN TANK ON YARD 80 GALS 200

% IN TANK PUMPED ON YARD _____ GALS _____

% IN TANK WHEN SET 80 GALS 200

TOTAL GAL _____ @ _____ = _____ + TAX _____ = \$ _____

FOLLOW UP GAS DELIVERY _____ GALS OR _____ %

REGULATOR _____ PIGTAIL _____

COMMENTS: _____

TANK PICK-UP

TANK SIZE _____ TANK SERIAL # _____ SERVICE BY _____

% IN TANK _____ GALS _____ @ _____ = _____ + TAX _____ = \$ _____

REGULATOR _____ PIGTAIL _____

TANK MFG. _____ DESTINATION OF SHIPMENT: _____

PICK-UP REASON _____

COMPANY SWITCHING TO _____

IF BAL OWED ON ACCT DO WE W/O OR TURN TO COLLECTIONS? _____

CLOSE ACCOUNT (Y) (N) HAVE WE PUT IN REQUEST TO CLOSE ACCT _____

HAS CHECK REQUEST BEEN ISSUED IF NEEDED? _____

COMMENTS: _____

TANK INSPECTION

SHELL/HEAD Good SERVICE VALVES Good TANK DISPOSITION Good

CONDITION OF LIFTING SLINGS Good

CONDITION OF TIE DOWN STRAPS _____



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205075
 Name: TODD CORNEILLIE
 Address: 1338 OLD CHAPEL ROAD
MORGANTON, GA 30560

Date: 12/09/25
 Instructions: T/I 250W/200G@2.599G RUN YD @25FT ROUGH
IN FOR STOVE AND SPACE HEATER. REFERRED BY
24250 CALL 352-364-2846 CCOF
 Order #: 432499

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	spaceheater				
Manufacturer	GE	Mk Heater				
Model #	JGB700EE54ES	BF330LPST				
Serial #	VH224273P	17004940				
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			
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			
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			
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			
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 type="checkbox"/> No			

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2500186	Good	Titanium	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	LV3403TR9 08/2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	LV3403B4 04/2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.9	12.7

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:

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>BRIAN BRADLE</u>	Service Technician (Signature) 	Date
Customer (Print) <u>Todd S Corneillie</u>	Customer (Signature) 	Date <u>12-9-2025</u>



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RINNAI WORK ORDER

Customer Acct #: 205075
 Name TODD CORNEILLIE
 Address 1338 OLD CHAPEL ROAD
MORGANTON, GA 30560

Date: 12/09/25
 Instructions: T/I 250W/200G@2.599G RUN YD @25FT ROUG
IN FOR STOVE AND SPACE HEATER. REFERRED BY 24250
 Order #: 432499 CALL 352-364-2846. CCOF

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	2.999	L.P. Gas /Gal	2.599
Gallons	200	Gallons	200
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	599.80	Fuel Total	519.80
Tank Lease/YR	99.00	1st yr Lease	FREE
FREE		FREE	
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	20.00
			20.00
Safety Inspection	\$129.95		29.95
			29.95
Total Labor			
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			531.53
<i>Safe Appliance Rebate</i>			50.00
TOTAL BALANCE DUE			