

1/30/2026 3:39:34 PM

WORK ORDER

Joe Beasley

1178 Pinnacle Drive
Lot 69 C
Hoschton, GA 30548
(470) 540-0742

Map Code:

Customer #: 204515
Order #: 460786
Location #: 280298
Zone: J-015-MON-
Terms: Net 30

Tech:

Service Code: Propane Service
Description: 02-04-26, ccof, Final H/U , test anode call Olga on the way
470-540-0742

Date Ordered: 1/30/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name: Last Service: 1/9/2026
Contract: SC Renewal:
Manufact: Model:
Notes:
Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 204515
 Name JOE BEASLEY
 Address 1178 PINNACLE DRIVE LOT 69C
HOSCHTON, GA 30548

Date: 01/09/26
 Instructions: SET LEASE 250UG W/200 GALS RUN
LINE AND H/U TO STUB CUSTOMER TO DIG
 Order #:

DESCRIPTION OF WORK

COMMENTS: Set leased 250 UG w/200 gals locked out tank. Ran new yard line, Installed 2nd stage regulator, connected anodes. Performed pressure test @ 15 psi for 10 min. No leaks found. 80% in tank.

SERVICED BY: K5

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
1-9-26	12:45	1:45	00:01	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No

Gas check attached Yes No

Leak check Initial K5

Start Pressure _____ End Pressure _____ Time Held _____ System OK _____

% in Tank 80%

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

CCOR

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.

Cust. Not here
 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	609.59	Fuel Total	529.59
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			637.29
Sub-Total			1166.88
Sales Tax			81.69
Tank Set Fee	\$250	Tank Set Fee	20.00
Safety Inspection	\$129.95		\$29.95
Total Labor			100.00
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			539.00
Safe Appliance Rebate			50.00
TOTAL BALANCE DUE		1348.57	



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204515
 Name: JOE BEASLEY
 Address: 1178 PINNACLE BRIVE LOT 69C
HOSCHTON, GA30548

Date: 01/09/26
 Instructions: SET LEASE 250UG W/200 GALS RUN
LINE H/U TO STUB CUSTOMNER TO DIG
 Order #:

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	Cook Stove	Log lighter	Log Set			
Manufacturer	Kitchen A. ide	N/A	Heat Hunter			
Model #	1CEGDC988500	N/A	NDU48421-B			
Serial #	DE3910662	N/A	AC6727253			
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 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 checked="" 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 checked="" 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 checked="" 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:

↑ Natural Gas

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2517437	Good	FCI	2025	GA/E	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	MEC	10 Jan 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	14 Apr 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	10.5	11

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	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: *80% in tank. log set removed from service. Couldn't test cook stove due to hood laying on it with duct work and electrical attached to it.*

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)	<i>Kevin Smart</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>2-4-26</i>
Customer (Print)	<i>cust. Not here</i>	Customer (Signature)		Date	