

2/2/2026 2:18:14 PM

*Confirmed*  
*Jhr*

# WORK ORDER

## Leo Manzo

427 Swann Road  
Jefferson, GA 30549  
(770) 540-8061

Customer #: 205584  
Order #: 466518  
Location #: 281608  
Zone: J-003-TUE-  
Terms: Net 30

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

### Map Code:

Service Code: Propane Service

Description: 02-03-26, ccof, Set lease 120UG w/ 100 gals @ 3.999 run line to stub , customer to dig call Leo on the way (770) 540-8061

Date Ordered: 2/2/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name:  
Contract:  
Manufact:  
Notes:  
Instructions:

Last Service:  
SC Renewal:  
Model:

Last Tune Up:

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes



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# RINNAI WORK ORDER

Customer Acct #: 205584  
 Name LEO MANZO  
 Address 427 SWANN ROAD  
JEFFERSON GA 30549

Date: 02/03/26  
 Instructions: SET LEASE 120UG W100 GALS RUN  
LINE CONNECT OT STUB CUSTOMER TO DIG  
 Order #: \_\_\_\_\_

**DESCRIPTION OF WORK**

**COMMENTS:** Set leased 120UG with 100gals. Connected apode. Ran new yard line from tank to stabout. Converted and installed cook top. performed leak test @ 90psi for 10mins no leaks found. 80% in tank. All appliances working correctly.

**SERVICED BY:** BW/OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
02-03-26	1115	1300	1,45	100.00/hr	175
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No  
 Gas check attached  Yes  No  
 Leak check Initial BW

Start Pressure 90psi End Pressure 90psi Time Held 10 System OK yes

% in Tank 80%

**AMOUNT REC'D**

\$ 1542.22

CASH  CHECK # \_\_\_\_\_  
 CREDIT CARD  
 # CCOF  
 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.

[Signature]  
 CUSTOMER SIGNATURE

Retail Price	Contract Price
____ Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

Tank Set	New Cust Special
L.P. Gas /Gal <b>3,999</b>	L.P. Gas /Gal <b>3,999</b>
Gallons <b>100</b>	Gallons <b>100</b>
FRCC <b>\$9.79</b>	FRCC <b>\$9.79</b>
Fuel Total <b>409.69</b>	Fuel Total <b>409.69</b>
Tank Lease/YR <b>129.00</b>	1st yr Lease <b>129.00</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>330.03</b>
<u>Safe Appliance Rebate</u>	<b>50.00</b>
<b>TOTAL BALANCE DUE</b>	<b>1542.22</b>



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205584  
 Name: LEO MANZO  
 Address: 427 SWANN ROAD  
JEFFERSON, GA 30549

Date: 02/03/26  
 Instructions: SET LEASE 120UG W/100 GALS RUN  
LINE TO STUB CUSTOMER 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	Cooktop					
Manufacturer	Ferno					
Model #						
Serial #	FFSGS6277-36WHT/24100061					
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 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				
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
120UG	M2519149	good	TRI	2025	UG	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	1122	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	10.5	
2nd	MEC	1222	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	10.5	11.5

**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: 80% in tank. All appliances working correctly.

**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) <u>Robert Walton</u>	Service Technician (Signature) <u>Robert Walton</u>	Date <u>02-03-26</u>
Customer (Print)	Customer (Signature) <u>[Signature]</u>	Date