

WORK ORDER

Mark Hamrick

387 Hunters Run
Jefferson, GA 30549
(404) 978-6239

Customer #: 205632
Order #: 468070
Location #: 281666
Zone:
Terms:

Tech: _____

Map Code:

Service Code: Propane Service

Description: 2-5-26 S/O 325 AG with Amerigas tank with 260 gals @ \$2.999,
\$49.95 S/O fee T/I monitor CCOF

Date Ordered: 2/5/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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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 #: 205632
 Name MARK HAMRICK
 Address 387 HUNTERS RUN
JEFFERSON GA 30549

Date: 2/5/26
 Instructions: S/O W/ LEASED 325AG W/260 GALS
T/I MONITOR
 Order #: _____

DESCRIPTION OF WORK

COMMENTS: *Swapped out Amerigas 325 A/G w/ leased 325 A/G w/ 260 gals. connected to existing yard line. Performed leak test @ 80psi for 10min no leak found. 80% in tank. All appliances working correctly.*

SERVICED BY: *KS*

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
<i>2-5-26</i>	<i>5:30</i>	<i>6:15</i>	<i>.75</i>	100.00/hr	<i>0</i>
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial *KS*

Start Pressure *80psi* End Pressure *80psi* Time Held *10min* System OK *Yes*

% 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.

[Signature]
 CUSTOMER SIGNATURE

Retail Price		Contract Price
_____ Rinnai	\$ _____	\$ _____
Standard Vent Kit	\$ _____	\$ _____
Standard Install	\$ _____	\$ _____
Total	\$ _____	\$ _____
Tank Set	New Cust Special	
L.P. Gas /Gal 3,499	L.P. Gas /Gal 2,999	
Gallons 260	Gallons 260	
FRCC \$9.79	FRCC \$9.79	
Fuel Total 919.53	Fuel Total 789.53	<i>789.53</i>
Tank Lease/YR 99.00	1st yr Lease FREE	<i>-</i>
Total Materials		<i>-</i>
Sub-Total		<i>789.53</i>
Sales Tax		<i>55.27</i>
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		<i>559.00</i>
<i>Safe Appliance Rebate</i>		<i>250.00</i>
TOTAL BALANCE DUE		<i>894.75</i>



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205632
 Name: mark hamrick
 Address: 387 hunters run
jefferson ag 30549

Date: 2/5/26
 Instructions: s/o 325 with amerigas tank
 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	Manufacturer	Model #	Serial #	Burner/Combustion Chamber	Manual Shutoff	Sediment Trap	Pilot Safety System	Electronic Ignition System	Venting System	Combustion Air	Taken Out of Service
Water Heater	Rheem	XP40706EC32L1	A452503232	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cook Stove	Samsung	NX55J7750SS	OC8157DD6402131M	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evaporator	Bryant	310AFAV04116AGA	0415A43184	<input type="checkbox"/> Ok <input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
325	2JH045328	Good	American	1997	A/G	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	08 Nov 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd Rego	4403	N/A	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11	12

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
80 PSI	80 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. 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>Kevin Smeat</u>	Service Technician (Signature)	<u>[Signature]</u>	Date	<u>2-5-26</u>
Customer (Print)	<u>Mark Hamrick</u>	Customer (Signature)	<u>[Signature]</u>	Date	<u>02.05.26</u>