

SCOT

6/10/2026 10:40:38 AM

WORK ORDER

Ezra Shaner dba Highland Home Construction

190 Laurel Crossing
Blue Ridge, GA 30513
(706) 313-2640

Customer #: 205957
Order #: 514514
Location #: 282076
Zone: B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 6-15-26 Convert and connect stove. Ezra 706-313-2640 CCOF
SM

Date Ordered: 6/10/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 6/2/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

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

Customer Account #: 205957

Date: 6-15-26

Name: EZRA SHANER DBA HIGHTLAND HOME CONSTRUCTION Instructions: CONVERT AND CONNECT STOVE CCOF SM

EZRA 706-313-2640

Address: 190 LAUREL CROSSING

BLUE RIDGE GA 30513

Order #: 514514

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					
Manufacturer	Forgo					
Model #	FFSGS6272-30					
Serial #	NV					
Burner/Combustion Chamber	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2510241	Good	Triarc	2025	U.G.	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	MEC	1222	☒ Correct ☐ Incorrect		
2nd	Rego	3403B4	☒ Correct ☐ Incorrect	11.2	12.8

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
70 PSI	70 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ No

Comments:

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)	Alvin Wilcox	Service Technician (Signature)	[Signature]	Date	6-15-26
Customer (Print)	Customer not present	Customer (Signature)	[Signature]	Date	



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RINNAI WORK ORDER

Customer Acct #: 205957

Date: 04/14/26

Name **EZRA SHANER DBA HIGHLAND HOME CONSTRUCTION** Instructions: **DROP OFF 250UG W/50G@2.499 + ANODE**

Address **190 LAUREL CROSSING**

CALL: 706-313-2640 CCOF - JB

BLUE RIDGE, GA 30513

Order #: 495488

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

Rinnai \$

Standard Vent Kit \$

Standard Install \$

Total \$

Contract Price

\$

\$

\$

\$

Tank Set

L.P. Gas /Gal 2.999

Gallons 50

FRCC \$9.79

Fuel Total 149.95

Tank Lease/YR 129.00

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

New Cust Special

L.P. Gas /Gal 2.499

Gallons 50

FRCC \$9.79

Fuel Total 124.95

1st yr Lease FREE

Tank Set Fee 20.00

Safety Inspection \$29.95

Safe Appliance Savings 474.57

Safe Appliance Rebate 50.00

TOTAL BALANCE DUE