

6/15/2026 11:25:02 AM

# WORK ORDER

## Kathryn Winland dba Wingrove Stays LLC

254 Aries Lane  
Blue Ridge, GA 30513  
(404) 840-5617

Customer #: 205926  
Order #: 515210  
Location #: 282038  
Zone: B-010-THU-  
Terms: Net 30

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

**Map Code:**

**Service Code:** Propane Service

**Description:** 06/22/26 - CONVERT AND HOOK UP STOVE KIT ON SITE.  
CALL 404-840-5617 - CCOF - CT

|                                |                        |                         |               |              |
|--------------------------------|------------------------|-------------------------|---------------|--------------|
| <b>Date Ordered:</b> 6/15/2026 | <b>Scheduled Date:</b> | <b>Est. Completion:</b> | <b>Start:</b> | <b>Stop:</b> |
|--------------------------------|------------------------|-------------------------|---------------|--------------|

**Name:**

**Last Service:** 6/12/2026

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**Instructions:**

**Service History:**

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205926

Name: KATHRYN WINLAND DBA WINGROVE STAYS LLC

Address: 254 ARIES LANE

BLUE RIDGE, GA 30513

Date: 6/22/26

Instructions: CONVERT AND HOOK UP STOVE KIT ON

SITE. CALL 404-840-5617 CCOF

Order #: 515210

**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                  | <u>Stove</u>                                                        |                                                          |                                                          |                                                          |                                                          |                                                          |
| Manufacturer               | <u>LG</u>                                                           |                                                          |                                                          |                                                          |                                                          |                                                          |
| Model #                    | <u>LR6N6323Y</u>                                                    |                                                          |                                                          |                                                          |                                                          |                                                          |
| Serial #                   | <u>504MMY F04170</u>                                                |                                                          |                                                          |                                                          |                                                          |                                                          |
| Burner/Combustion Chamber  | <input checked="" type="checkbox"/> Ok                              | <input 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 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 checked="" 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 | <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 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 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 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 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Container Check:

| Size       | Serial #         | Container Fitting Leak Test | Manufacturer    | Manufacture Date | Location   | Tank Condition |
|------------|------------------|-----------------------------|-----------------|------------------|------------|----------------|
| <u>250</u> | <u>256057342</u> | <u>Good</u>                 | <u>American</u> | <u>2001</u>      | <u>A-6</u> | <u>Good</u>    |

## Regulator(s):

| Manufacturer | Model                           | Regulator Date | Regulator Venting                                                              | Flow/Delivery Pressure | Lock-Up Pressure |
|--------------|---------------------------------|----------------|--------------------------------------------------------------------------------|------------------------|------------------|
| Twin         |                                 |                | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect            |                        |                  |
| 1st          | <u>Rego</u><br><u>LV3403TR9</u> | <u>02-26</u>   | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
| 2nd          | <u>Rego</u><br><u>LV4403B66</u> | <u>02-21</u>   | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | <u>11.2</u>            | <u>13.2</u>      |

## Piping System Leak Test:

## Pressure Test:

| Start Pressure | End Pressure   | Time Held      | Pass                                    | Start Pressure | End Pressure | Time Held  | Pass                         |
|----------------|----------------|----------------|-----------------------------------------|----------------|--------------|------------|------------------------------|
| <u>120</u> PSI | <u>120</u> PSI | <u>10</u> 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: \_\_\_\_\_

## 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)<br><u>Fernando Sando</u> | Service Technician (Signature)<br><u>[Signature]</u> | Date<br><u>6/22/26</u> |
| Customer (Print)<br><u>Kathryn Winland</u>          | Customer (Signature)<br><u>[Signature]</u>           | Date<br><u>6/22/26</u> |



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# RINNAI WORK ORDER

Customer Acct #: 205926  
Name KATHRYN WINLAND DBA WINGROVE STAYS LLC  
Address 254 ARIES LANE  
BLUE RIDGE GA 30513

Date: 6/1/26  
Instructions: T/I 250AGW/200G@2.499 RUN YARD LINE  
POSSIBLY RUN LINE TO GENERATOR CCOF-CLT  
Order #: 506829

| 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 2.499 |        |
| Gallons 200                | Gallons 200        |        |
| FRCC \$9.79                | FRCC \$9.79        | 9.79   |
| Fuel Total 758.19          | Fuel Total 545.26  | 545.26 |
| Tank Lease/YR 99.00        | 1st yr Lease 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 543.28  
*Safe Appliance Rebate 50.00*

TOTAL BALANCE DUE