



Gas System Check

733719

Account Number: 101162
Name: Woody Spens
Address: 214 Powder Street
City: Leesburg State: LA ZIP: 31768
Telephone (Work): _____ (Home): 229-894-5285

Invoice Number: 101162
Date: 6-22-26
Company Branch: _____
Call Taken By: _____

Disclaimer: This inspection covers gas distribution system equipment 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.

Container Check

Size	Serial#	Manufacturer
<u>250</u>	<u>286033304</u>	<u>Aust</u>

Pressure Test Was a pressure test conducted? Yes ☒ No ☐ If yes, provide information below.

Test Stage Location	Starting Pressure (psi)	Ending Pressure (psi)	Start Time	End Time
<u>Trnk</u>	<u>9</u>	<u>9</u>	<u>11.18</u>	<u>11.21</u>

System Leak Check

Test Stage Location	Starting Pressure (psi or w.c.)	Ending Pressure (psi or w.c.)	Start Time	End Time

Regulator Check

Test Stage Location	Vent Position (circle one)	Flow Pressure (psi or w.c.)	Lock Up (psi or w.c.)
	<u>correct</u> incorrect		
	correct incorrect		
	correct incorrect		

Installation Review

Safety information and materials provided to customer
Container(s) distance requirements are met
Container(s) condition is suitable for continued service
Cathodic protection provided and documented per company policy (if applicable)

Yes No

☒ ☐
☒ ☐
☒ ☐
☐ ☒

Regulator(s) distance requirements are met
Exterior gas piping is suitable for continued service
Dielectric isolation installed according to code for metallic pipe or tubing (if applicable)

Yes No

☒ ☐
☒ ☐
☐ ☒

I, Blanny V. Hoon
Service Technician (Printed Name)
[Signature]
Service Technician (Signature)

certify that I have completed the system check and installation review as described above.

6/22/2026
Date

Customer Acknowledgement: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ☒ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ☒ I have smelled the propane gas and can detect its odor.
- ☒ 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 off at the container.
- ☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.



Gas Appliance System Check

2555781

Account Number: 1-01162
Name: Wooden Sports
Address: 2111 Painton Street
City: Albany State: GA ZIP: 31763
Telephone (Work): _____ (Home): 2298941555

Invoice Number: 1-01162
Date: 6-22-26
Company Branch: _____
Call Taken By: _____

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	Water heater								
Manufacturer	KUPAT								
Model #	KE199.P								
Serial #	KEU-NE2737FF-MS-P								
Burner	☒			☐		☐	☐		
Combustion Chamber	☒	☐	N/A	☐	☐	N/A	☐	☐	N/A
Manual Shutoff	☒			☐		☐	☐		
Sediment Trap	☒	☐	N/A	☐	☐	N/A	☐	☐	N/A
Pilot Safety System	☒	☐	N/A	☐	☐	N/A	☐	☐	N/A
Electronic Ignition System	☒	☐	N/A	☐	☐	N/A	☐	☐	N/A
Venting System	☒	☐	N/A	☐	☐	N/A	☐	☐	N/A
Combustion Air	☒			☐		☐	☐		
Taken Out of Service	☐	☐	N/A	☐	☐	N/A	☐	☐	N/A

Installation Review

Safety information and materials provided to customer
Appliance(s) are suitable for continued service
Interior gas piping is suitable for continued service

Yes No

☒	☐
☒	☐
☒	☐

I, BRYANT VANDER
Service Technician (Printed Name)
[Signature]
Service Technician (Signature)

certify that I have completed the system check and installation review as described above.

6/22/2026
Date

Customer Acknowledgement: I understand a gas appliance and interior piping system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas Appliance Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ☒ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ☒ I have smelled the propane gas and can detect its odor.
- ☒ 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 off at the container.
- ☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ☒ I have received safety information and been told to read it and share it with all family members.
- ☒ I am satisfied with the service work performed.