

7/8/2026 9:23:13 AM

WORK ORDER

PAIGE GLOVER

173 HIGHLAND FALLS RD
BLUE RIDGE, GA 30513
(770) 401-7446

Customer #: 29285
Order #: 523484
Location #: 254696
Zone: B-010-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 7-10-26 Convert and connect Dryer They have ordered kit. Will
have on site CCOF SM 706-632-4950

Date Ordered: 7/8/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
Name: Heating System	Last Service: 4/1/2026	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 #: **29285**
Name: **PAIGE GLOVER**
Address: **173 HIGHLAND RALLS RD**
BLUE RIDGE GA 30513

Date: **7-10-26**
Instructions: **CONVERT AND CONNECT DRYER. KIT ON SITE**
CCOF SM 706-632-4950
Order #: **523484**

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	Dryer					
Manufacturer	Whirlpool					
Model #	WGD5010LW3					
Serial #	MF1805509					
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
100D	C/O	Good	C/O	C/O	UG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	MFC	~~28 OCT 22~~ 28 OCT 22	☒ Correct ☐ Incorrect		
2nd	~~MEC~~ MEC	~~16 ZZE~~ 17 OCT 24	☒ Correct ☐ Incorrect	12.4	12.9

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
110 PSI	110 PSI	10 Mins	☒ Yes ☐ No	15 PSI	15 PSI	10 Mins	☒ Yes ☐ No
WC	WC	Mins					

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) Brandon Payge	Service Technician (Signature) <i>Brandon Payge</i>	Date 7-10-26
Customer (Print) <i>Paige Glover</i>	Customer (Signature) <i>Paige Glover</i>	Date



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RINNAI WORK ORDER

Customer Acct #: 29285
Name PAIGE GLOVER
Address 173 HIGHLAND FALLS RD
BLUE RIDGE GA 30513

Date: 7-10-26
Instructions: SWAP OUT 500 W/20% FOR 250 W/ 200G
LINES ALREEDY THERE. CCOF SM 706-532-4950
Order #: 523423

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 2.999	
Gallons 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 599.80	Fuel Total 599.80	599.80
Tank Lease/YR 99.00	1st yr Lease 99.00	99.00
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee	
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		350.00
Safe Appliance Rebate 50.00		
TOTAL BALANCE DUE		