

WORK ORDER

BRIAN DITTMAN

303 Indian Trail
McCaysville, GA 30555
(706) 455-2999

Customer #: 23688

Order #: 527550

Location #: 252606

Zone: B-002-MON-

Terms: Net 30

Tech: _____

Map Code:**Service Code:** Propane Service**Description:** 07/29/26 - RUN LINES TO HVAC, W/HEATER, AND C/C
STOVE - CONVERSION KIT - CALL 706-455-2999 - EMAIL
INVOICE - CT

Date Ordered: 7/27/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System**Last Service:** 7/22/2026**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 #: 23688

Name: BRIAN DITTMAN

Address: 303 INDIAN TRAIL

MCCAYSVILLE, GA 30555

Date: 7/29/26

Instructions: RUN LINES TO HVAC, W/HEATER, AND C/C
STOVE, CONVERSION KIT ON SITE. CALL
706-455-2999 EMAIL INVOICE. CT

Order #: 527550

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	W. heater	Furnace				
Manufacturer	Rinnai	Trane				
Model #	REV-NB2024FF-USX1B060VPS					
Serial #	TG BA-175420	26063JULJG				
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
325	1H22067	Good	American	1985	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Fisher	R122H	☒ Correct ☐ Incorrect		
2nd	Rego	LV3403	☐ Correct ☐ Incorrect	11.7	13.6

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
130 PSI	130 PSI	10 Mins	☒ Yes	15 PSI	15 PSI	10 Mins	☒ Yes
WC	WC	Mins	☐ No				☐ No

Comments:

Wasent able to test furnace

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 Payne	Service Technician (Signature) Brandon Payne	Date 7-29-26
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 23688
Name BRIAN DITTMAN
Address 303 INDIAN TRAIL
MCCAYSVILLE GA 30555

Date: 6-25-26
Instructions: T/I 325 W/ 260 G @ 2.499 4 DROPS
WILL CONNECT AT LATER DATE. EMAIL INVOICE STM
Order #: 526675

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	260	Gallons 260
FRCC	\$9.79	FRCC \$9.79
Fuel Total	779.74	Fuel Total 649.74
Tank Lease/YR	99.00	1st yr Lease FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee	\$250	Tank Set Fee 20.00
Safety Inspection	\$129.95	\$29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		575.03
Safe Appliance Rebate		600.00
TOTAL BALANCE DUE		