

INTERRUPTION OF SERVICE

Account # 91172 Name FLEMINGS CHAPEL BAPTIST Address [370296] 4439 LITTLEJOHN CHURCH RD City Lenoir
State NC Zip 28645 Phone (828) 758-5344 Date of Inspection 2/25/2025 Branch/Location Work Order #

REASON

- ☐ Leak and System Check ☐ Out of Gas ☐ Gas Leak/Odor Complaint ☐ Install New Gas Piping ☐ Put System/Appliance Back in Service
☐ Container Swap ☐ Container Drop-Off/Pick-Up ☐ Regulator Replacement ☒ Other: Installed hot water heater

Equipment Type	Water Heater				
Manufacturer	Rinnai				
Year Manufactured					
Model #	RE160e				
Serial #	SK. UA-152234				
Fuel	Propane				
BTUs (Maximum Input)	160,000				
Manual Shutoff Valve	OK				
Sediment Trap	OK				
Burner(s) Condition	OK				
Combustion Chamber Condition	OK				
Control/Pilot Safety System	OK				
Venting System	OK				
Combustion Air	OK				
Taken Out of Svc or Operation (Tag #)	No				

System Type	System Leak Check <input checked="" type="checkbox"/> Entire System					Pressure Test				System Operation Tests			
	Initial/Start Pressure	End Pressure	Start Time	End Time		Start Pressure	End Pressure	Start Time	End Time	Flow Pressure Test	Lock-Up Pressure Test		
___ Stage	/	<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI			<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI
___ Stage	/	<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI			<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI
___ Stage	/	<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI			<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI
___ Stage	/	<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI			<input type="checkbox"/> WC <input type="checkbox"/> PSI	<input type="checkbox"/> WC <input type="checkbox"/> PSI

PERFORMED SNIFF TEST ☒ Y ☐ N

COMMENTS:

Equipment: serial# SK. UA-152234;

Auston Coffey

Service Technician Name - Print



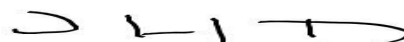
Service Technician Signature

02/25/2025

Date

FLEMINGS CHAPEL BAPTIST

Customer Name - Print



Customer Signature

02/25/2025

Date