INVOICE

FITZGERALD WATER LIGHT AND BOND
P.O. Box 667
FITZGERALD, GA 31750

(229) 426-5400

TO: STEWART CARSWELL III
210 S GRANT / 111 Cardinal Court
FITZGERALD, GA 31750

INVOICE NO: 58725
DATE: 11/04/26

CUSTOMER NO: 168/168 TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances	753.77	753.77
	SER # TE CA 002985		
	Inventory item selected for charge code: AP-60000163014		
	Quantity: 1.00 TNKLESS WTR HTR R53 LP		
1.00	Sales Tax	60.30	60.30

TOTAL DUE: $814.07

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 11/04/26 DUE DATE:11/16/26
CUSTOMER NO: 168/168

NAME: CARSWELL III, STEWART
TYPE: RO - RESIDENTIAL COUNTY BenHil

REMIT AND MAKE CHECK PAYABLE TO:
FITZGERALD WATER LIGHT AND BOND
P.O. Box 667
FITZGERALD GA 31750

INVOICE NO: 58725
TERMS: NET 10 DAYS

AMOUNT: $814.07

GA -200.00
Rebate $ 614.07

FITZGERALD UTILITIES

PROPANE SAFETY CHECK FOR RESIDENTIAL CUSTOMERS

№ 003028

Account Number 168

Name Stewart Carswell III

Address 111 Cardinal Ct

Call Date: 11/7/26 Date Requested: 11/7/26

Instructions: mount water heater

Telephone Office: Home:

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer			Rinnai				
Model No.			V53De				
Serial No.			TE-CA-002985				
Location			Exterior				
BTU	000	000	120 000	N/A	N/A	000	000
Age			NEW				
Manual Shutoff (Installed/Existing)			Existing				
Venting			gd				

TANK/CYCLINDER Existing

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Last Test Date	Location	Tank Cond.	Paint	Pigtail	Fittings	Gauge	Relief Valve Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
														5min

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	REGULATOR CONDITION	MFR.	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE
SINGLE STAGE		3/4 Black pipe		3/22	Used	Rego	LV4048Y	Down	Dome	11 IN. WC
TWO STAGE	1ST									PSIG
	2ND									IN. WC

SYSTEM LEAK TEST

		Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE		(Inches W.C.) 11 (PSIG)	(Inches W.C.) 11 (PSIG)	5min	✓
TWO STAGE	1ST	(Inches W.C.)	(Inches W.C.)		
	2ND				

Comments:

This inspection covers (propane/LP-Gas) items and equipment visible and 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 working of sealed equipment, or structural components, and cannot be construed to cover future defects or unforseen happenings.

Reference Invoice No. Date 11/7/26 (Mo. Day Yr.)

I, CINDY CARSWELL (Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the Consumer Safety Information.
- Had gas system deficiencies and / or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

Cindy P Carswell

Customer's Signature

I, Chris Woods (Please Print)

Certify that I have completed the System Check as prescribed

Performed Odor Test ☐ Yes

Performed Pressure Test ☐ Yes

Left Consumer Safety Info ☐ Yes

Delivery Man / Technician Signature

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