INVOICE

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

(229) 426-5400

TO: JOSH BRANCH
493 BEN H HILL DRIVE W
FITZGERALD, GA 31750

INVOICE NO: 57796
DATE: 7/06/26

CUSTOMER NO: 110/110
TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SERIAL# WD.UA-047122 Inventory item selected for charge code: AP-60000163021 Quantity: 1.00 351-RE199EP	1,414.97	1,414.97
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163011 Quantity: 1.00 PIPE COV ENCL 4 R75L	187.13	187.13
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163032 Quantity: 1.00 PLUMBING INSTALLATION KIT	75.38	75.38
1.00	Sales Tax	134.20	134.20

TOTAL DUE: $1,811.68

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 7/06/26 DUE DATE: 7/16/26
CUSTOMER NO: 110/110

NAME: BRANCH, JOSH
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: 57796
TERMS: NET 10 DAYS

AMOUNT: $1,811.68

GA Rebate -200.00

1611.68

FITZGERALD UTILITIES

PROPANE SAFETY CHECK FOR RESIDENTIAL CUSTOMERS

№ 003012

Account Number 110

Name Josh Branch

Address 477 W Benjamin Hill Dr.

Call Date: 7/1/26

Date Requested: 7/7/26

Instructions: Set tank / Inspect water heater

Telephone Office: _____ Home: _____

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	
Manufacturer			Rinnai				
Model No.			RE199e				
Serial No.			WD.UA-047122				
Location			Exterior				
BTU	000	000	199 000	N/A	N/A	000	000
Age			New				
Manual Shutoff (Installed/Existing)			Installed				
Venting			gd				

TANK/CYCLINDER 186 E

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
120	JA36522	AW	1980	6/1/26	Exterior	gd	gd	new	gd	gd	gd	—	gd	5min

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE		PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	REGULATOR CONDITION	MFR.	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE
TWO STAGE	1ST	Copper	1/2	P/25	New	Rego	LV4043Y	Level	Done	11 IN. WC
	2ND									PSIG
										IN. WC

SYSTEM LEAK TEST

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

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 7/7/26 (Mo. Day Yr.)

I, Ronny Branch (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.

Ronny Branch

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

C Woods