

- 2A/74

Order Number 877754	Date Written 6/19/25	Taken By AMN	Schedule Date 6/12/25	Date Completed 6/12/25			
Branch - Customer No. 1-08827	Home 229 288-4276	Work	Time Started 10:00	Time Completed 12:00			
Name LAMON COMPANY #13		Cell					
Address HYDE JOB		Zip					
City 2808 WILMAR LANE							
State ALBANY, GA 31707							
Service Address 167 ORSE LANE		LEESBURG, GA 31763					
Work to be performed: Deliver & install Rinnai RL94iP w/ venting and drain pan. Gold lock 4276 Gate code #4000			Work completed Built wall + installed Rinnai vented Rinnai ran low voltage for controller				
Qty:	Materials	Price	Amount	Qty:	Materials	Price	Amount
(1)	10" WR 224051		39.-	1	WR-RL94iP		1192
(1)	3/4" WR 224053		59.-		Water Heater		
				1	WR-184118		77
					Terminal		
	RL 94iP			1	WR-189958		72
	PD.CA 056660				Flashing		
				1	WR-11470		39
DR. RT. Rt. Seq. Rate Deposit							
Tank Make		Size	Serial No.	Tank Percent			
Single Stage		Regular Date	Reg. Condition	Mir.	Model	Vent Pos.	Protected?
TWO		1st					
STAGE		2nd					
Less Check		Flow Check		Lock-up Check			
Manometer Reading at Start		Manometer Reading After 10 minutes		Manometer Reading Under Load		Manometer Reading	
10		10					
Central Heating		Water Heater		Range		Clothes Dryer	
Manufacturer		Rinnai					
Model No.		RL94iP					
Serial No.		PD.CA-056660					
Sed. Trap		T E					
Vent							
Fuel/BTU		000 199 000		N/A		N/A 000	
AGE		New					
Shut off Installed		Y					
<input type="checkbox"/> CASH		RECEIVED BY					
<input type="checkbox"/> CHECK							
Work Completed by: Rick H T 713 ATC		Date: 6/12/25					
Customer Signature: [Signature]		Date					
I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE IMPORTANT SAFETY INSTALLATION INFORMATION PRINTED ON BACK OF THE CUSTOMER COPY							
ANY UNUSED GAS PIPING OUTLETS INDOORS?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, IS EACH UNUSED GAS PIPING OUTLET FITTED WITH A GAS TIGHT THREADED PLUG OR CAP?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
CUSTOMER AVAILABLE				<input type="checkbox"/> YES <input type="checkbox"/> NO			
CUSTOMER SMELLED ODORIZED PROPANE AND SHOWN THE SHUTDOWN PROCEDURE				<input type="checkbox"/> YES <input type="checkbox"/> NO			