



146 S. Ridge
Tifton, GA 3
(229) 386-1

Application ☒ Rinnai 7651105PC
Gas Check ☒ Warranty ☒ Inv ☒
New Cust Pkg ☒ 5 Yr ☒ Letter ☒
Lease/Rent/Amt 414 / 20

INVOICE / WORK ORDER NO. **107304**

adford Blvd. 3117 Veterans Parkway S.
A 30474 Moultrie, GA 31768
7-8722 (229) 985-6942

NAME Kevin Busbee RT# _____ RT. SEQ. _____ ACCT # 03-22218 DATE 7-15-24 INT 0

MAILING ADDRESS P.O. Box 859 Havens FL 32333 CO. _____ CITY _____

ADDRESS 6872 Hwy 111 S APT/LOT NO. _____

CITY Carroll STATE GA ZIP CODE 39828

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Water Heater

DIRECTIONS:

Needs gas order
get Card + Route
Fire box delivered + Rough in Done 7-18-24
TWH

NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: K1busbee@hotmail.com

cell # 850-509-6625

PAY BILL ONLINE @ congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>TS</u>	<u>250</u>	<u>1528219</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
					<u>7.19</u>			<u>92.12</u>	
		<u>20X3.899 =</u>			<u>+ 0.000 + 14.95 =</u>			<u>100.00</u>	

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>RL 75ep</u>		<u>PC-CA-037</u>	<u>357</u>	<u>999.95</u>
<u>1</u>	<u>G10 24/30 OLP</u>	<u>CFO logs</u>	<u>2018707</u>		<u>1699.95</u>
<u>1</u>	<u>36" Fire Box</u>				<u>799.95</u>
<u>3</u>	<u>Copper certs 1/2"</u>				<u>209.85</u>
<u>1</u>	<u>Gen Poly Tee 1/2"</u>				<u>79.95</u>
<u>1</u>	<u>1/2" wall Box</u>				<u>89.95</u>
<u>1</u>	<u>1/2" wall Flange</u>				<u>34.95</u>
<u>1</u>	<u>1/2" Straigh Fitting</u>				<u>39.95</u>
<u>50</u>	<u>1/2" Trac</u>				<u>247.50</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
<u>Run lines Install</u>	MAKE: <u>Rego</u> MODEL: <u>T129</u>	<u>WH</u>	<u>999.95</u>
<u>TWH, Logs, Stove + Gen</u>	DATE CODE: <u>2-24</u> VENT: <u>4or</u>	<u>AP</u>	<u>2499.90</u>
<u>Gasck No leaks</u>		<u>MP</u>	<u>1102.45</u>
		<u>CF</u>	<u>14.95</u>

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			LEAK AND PRESSURE TEST			SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58	☐		HIGH:	1st Stage	2nd Stage	LOW	_____ %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54	☐		START LOCK-UP:	PSI	PSI	START LOCK-UP:	_____ %
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	LABOR
			AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	
			PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	
			PIPING PRESSURE TEST			INV. TOTAL	
			START	PSIG	FINISH	PSIG	AMOUNT RECEIVED

88.20 80.00 1.20

1608.75 199.99

LB 720.00

NS 109.35

EQ 160.00

TR 20.00

<GIPC 100.00>

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

SERVICE REP. SIGNATURE [Signature]

DATE 11/29/24

CUSTOMER SIGNATURE [Signature] 5716.26