

# 2023 - 2024 GA Propane Commission Safe Appliance Rebate Form

This form must be completed by a participating propane dealer. Submission of the application form constitutes a representation on the part of the participating propane dealer that the work shown on the form has actually been completed. A safety inspection must be performed after the installation of each new qualifying appliance(s) and the results of that inspection must be documented on this form in a manner acceptable to the GA Propane Commission. Minimum requirements of the safety inspection are located on page 2 of this form.

This form and a proof of sale, service and/or installation for the customer reflecting the amount of the rebate as a credit of each appliance must be submitted to the GA Propane Commission for the dealer to be eligible for consideration of any rebate(s). Failure to furnish all necessary documentation will result in the dealer being declared ineligible for consideration of any rebate(s). The results of the required inspections must be recorded on page 2 of this form and must conform to industry standard practices. The GA Propane Commission and the Southeast Propane Alliance assume no liability for a dealer and/or customer being declared ineligible for consideration of any rebate(s).

Propane Dealer's Name Partners Propane of GA  
 Mailing Address PO Box 277  
 City Butler, Ga 31006 Zip \_\_\_\_\_  
 Phone: 478-862-4644

Customer's Name Jeff Wainwright  
 Mailing Address 700 E Fall Line Freeway  
 City Reynolds State GA Zip 31076  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Maximum of \$500.00 per customer location per 12 month period

Description	Amount per unit	Number of units	Model number(s)	Serial number(s)	Total
Propane furnace, or gas pack <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00				
Propane-fueled tankless water heater <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement	\$200.00	1	PH75e	PDCM-068925	200.00
Propane-fueled storage-type water heater <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$200.00				
Dual fuel heat pump with propane as one fuel (includes hydronic) <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$250.00				
Maximum \$500.00				<b>Grand Total</b>	200.00

## Required Signatures and Dates

Company Owner / Manager / Technician's Certification: I, Cody Rusten, certify that the above tests were performed and the results were recorded correctly.

Date of Inspection: 12-11-24

Propane Dealer's Signature: Amanda Avelth

This paperwork must be submitted to the GA Propane Commission within 30 days of appliance inspection date to receive rebate.

### **Disclaimer:**

*The propane dealer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane dealer that the work shown on the form has actually been completed. A safety inspection must be performed by the participating propane dealer after the installation of each new qualifying appliance(s) and the result of that inspection must be documented on the Application form. The safety inspection for qualifying appliance installations must, at a minimum, include the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane dealer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and GA Propane Commission assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and GA Propane Commission disclaims any liability for any personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the installation of the qualifying appliance(s).*

Please submit your 2-page rebate form and receipt(s) to:

Mail: GA Propane Commission  
5109 Hollyridge Dr.  
Raleigh, NC 27612

Fax: 919 781-7481

Email: [info@gapropanerebates.com](mailto:info@gapropanerebates.com)

As of: 09/25/23

# PARTNERS

Propane of GA, Inc.

## Propane System Check

Customer Name <i>Jeff Wainwright</i>		Date of service <i>12/11/12</i>			
Address <i>700 E. Fall Line Trwy</i>		City <i>Reynolds</i>		State <i>GA</i>	Zip <i>31076</i>
Home/ Work/Cell Phone #		Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM		Departed <input type="checkbox"/> AM <input type="checkbox"/> PM	
Purpose of Service <input type="checkbox"/> New Customer <input type="checkbox"/> Interruption of Service <input type="checkbox"/> Leak/Odor Complaint <input type="checkbox"/> Other _____					
Appliance Type	Manufacturer	Model #	Serial #	Manual Shutoff	Appliance Taken Out of Service
<i>WJH</i>	<i>Rinnai</i>	<i>RL75e</i>	<i>PD-CA-068925</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### TANK/CYLINDER

Tank Size <i>120</i>	<input checked="" type="checkbox"/> AG <input type="checkbox"/> UG <input type="checkbox"/> AG/UG	Manufacturer	Serial # <i>1509925 CO</i>
Tank Size	<input type="checkbox"/> AG <input type="checkbox"/> UG <input type="checkbox"/> AG/UG	Manufacturer	Serial #
DOT Cylinder(s) within requalification date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date / /		Leak test performed on container fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container distance requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No		Exterior gas piping suitable for continued service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container condition suitable for service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dielectric isolation installed according to code for metallic pipe or tubing if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cathodic Protection provided, tested and documented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Dielectric isolation already installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### REGULATOR (S)

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-up Pressure
<i>Rego</i>	<i>B9</i>	<i>04B24</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		<i>12"</i>
			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

### PIPING SYSTEM LEAK TEST

### NEW PIPING PRESSURE TEST

Test Location	Start Pressure	End Pressure	Start Time	End Time	Pressure Held	Test Location	Start Pressure	End Pressure	Start Time	End Time	Pressure Held
<i>Reg</i>	___ PSI <i>82 WC</i>	___ PSI <i>82 WC</i>	<i>5ms</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		___ PSI ___ WC	___ PSI ___ WC			<input type="checkbox"/> Yes <input type="checkbox"/> No



## Propane System Check

### COMMENTS ON SERVICE/REPAIR/ALTERATIONS

This inspection covers gas distribution system equipment visible and readily 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 workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings existing on the date of inspection.

- I have informed the service technician of all gas-burning appliances, gas lines and unused piping not connected to any gas appliance on my property.
- I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas supply off at the tank or cylinder.
- I have smelled propane gas and can detect its odor.
- I am satisfied with the service work performed.
- I have received the safety information and been told to read and share it with all family members.
- I have read and have been explained and understand the above statements.

### COMMENTS \_\_\_\_\_

  
\_\_\_\_\_

Service Technician (Print) <i>Cody</i>	Service Technician (Signature) <i>Cody</i>	Date 12/11/24
Customer (Print) Andy Coperto	Customer (Signature) <i>Andy Coperto</i>	Date 12/11/24



**INVOICE**

PO BOX 277  
 BUTLER, GA 31006  
 (478) 862-4644

CUST ID	INVOICE #	INVOICE DATE
WAIJEF	S0012560	12/12/24

**SOLD TO**  
 JEFF WAINWRIGHT  
 PO BOX 975  
 REYNOLDS GA 31076-0975

**SHIPPED TO**  
 19S TL on 96E go past peach  
 orchard on right TR in field  
 rd keep to right to house

INVOICE AMOUNT: \$3467.02

AMOUNT REMITTED \$: \_\_\_\_\_

DATE	SLS	PO NUMBER	ORD DATE	BILL OF LADEN	TERMS	INVC NO
12/12/24	5				NET	S0012560
QUANTITY	INV NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT		
1.00	RL75EP	Rinnai 7.5 Tankless WH	1300.00000	1300.00		
1.00	PCD03SM2	Pipe Cover for RL75	235.71000	235.71		
6.00	303539046	3/4" CPVC Elbow	1.17000	7.02		
24.00	34CPVC	3/4 CPVC Pipe	1.50000	36.00		
1.00	491002	3/4 Cutoff	15.00000	15.00		
1.00	48-10-12	5/8X3/4 Fl X Male Conn	4.25000	4.25		
2.00	40-10	5/8" Flare Nut	3.25000	6.50		
15.00	58R50	5/8" Copper Tubing	5.00000	75.00		
1.00	120 TANK	120 GALLON TANK	1500.00000	1500.00		
3.00	100347148	3/4 CPVC CTSxMPT Adapter	1.00000	3.00		
1.00		PERF REBATE	200.00000-	200.00-		
2.00		SPECIAL ORDER ITEM	2.27000	4.54		
1.00		LABOR	225.00000	225.00		
	1509925	TSPLOST		31.88		
		SPECIAL TAX		31.88		
		LOCAL SALES		31.88		
		STATE SALES		127.48		
		EDUCATIONAL		31.88		

<b>INVOICE TOTAL</b>
\$3467.02