INVOICE

6015

Sikes PROPANE

HOME OWNED & OPERATED

P.O. BOX 506 • BAXLEY, GEORGIA 31515
2174 HATCH PARKWAY SOUTH • BAXLEY, GEORGIA 31513 • Tel. (912) 367-1151

NAME: Justin Orvin
MAIL ADDRESS: 4076 Zoar Rd.
CITY/STATE/ZIP: Baxley GA 31513
PHONE: 912-453-8914
LOCATION:

ACCOUNT NO.:
DATE ORDERED:
DATE PROMISED:
DATE COMPLETED: 6-30-25
TERMS:

INSTRUCTIONS: install two tankless water heaters

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	Rinnai RE180e tankless water heater w/isolation valves, serial # SE.UA-059925		1285 00
1	Rinnai RE199e tankless water heater w/isolation valves, serial # RE.UA-070988		1500 00

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐

2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐

SERVICES PERFORMED: installed two tankless water heaters, gas pressure check, lit & checked out water heaters

TOTAL TIME _____ HOURS

THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X _____
CUSTOMER'S SIGNATURE

SERVICES PERFORMED BY

TOTAL MATERIAL	2785 00
LABOR	400 00
SUBTOTAL	
SALES TAX	222 80
TOTAL DUE	3407 80
-GPGA rebate	800.00
AMOUNT [redacted] $	2607.80

RECEIVED BY _____

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

INSTALLATION OR TURN ON	REMOVAL OR TURN OFF	LEAK AND PRESSURE TEST	
		HIGH	LOW
		START LOCK UP	START LOCK UP
SIZE	SIZE	TANK OFF	TANK OFF

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 6/30/25

Name Justin Orvin Company Sikes Propane, Inc.

Address 4076 Zoar Rd. Call Taken By _____

City Baxley State GA Zip 31513 Telephone (Cell) 912-453-8914 (Home) _____

Appliance Check

Appliance	Gas Light	Gas Light	Gas Light	Gas Light	water heater	water heater
Manufacturer	Legendary Lighting	Legendary Lighting	Legendary Lighting	Legendary Lighting	Rinnai	Rinnai
Model #	VN2	VN2	VN2	VN2	RE180e	RE199e
Serial #	2482821	2482822	2482820	2482819	SE.UA-05 9925	RE.UA-0 70988
BTU's	2800	2800	2800	2800	180,000	199,000
Burner / Com. Chamber	ok	ok	ok	ok	ok	ok
Man. Shutoff / Sed. Trap	installed	installed	installed	installed	installed	installed
Control / Pilot Safety System	ok	ok	ok	ok	ok	ok
Venting System	ok	ok	ok	ok	ok	ok
Age	new	new	new	new	new	new
Taken Out Of Service Or Operation						

Container Check

Size	Serial #	Manufacturer	MFR. Date	Location	Container Condition	Relief Valve	Fittings Leak Check
250	1547346	Quality Steel	2025	ok	new	09C22	ok

Pressure Text (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held	Ø
110 psi.	110psi.	10min.	Work Order	Ø

Piping Check

Materials	Size	Cover / Protection
coated copper	½" & ⅜"	ok

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held	Ø
9in.wc.	9in.wc.	10min.	Work Order	Ø

Regulator Check

Type	Manufacturer	Date / Model	Vent Position/ Protection		
First	Rego	03C2025/LV4403TR9	u-c		
Second	Rego	04B2024/LV4403Y4	down		
② Third	Maxitrol	325-5L	horizontal		
③ Third	Maxitrol	325-3L	horizontal		

Safety Information Supplied: _____

Comments: Please note all repairs and corrections made along with any recommended actions.