

## INVOICE

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

(229) 426-5400

TO: CASEY GIBBS  
309 ALAPAHA HWY  
OCILLA, GA 31774

INVOICE NO: 54439  
DATE: 9/22/25

CUSTOMER NO: 3647/3647

TYPE: RR - Residential Irwin Co

| QUANTITY | DESCRIPTION                                                                                                                                    | UNIT PRICE | EXTENDED PRICE |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| 1.00     | MDSE - Appliances<br>SERIAL # TE CA 003199<br>Inventory item selected for charge code: AP-60000163014<br>Quantity: 1.00 TNKLESS WTR HTR R53 LP | 704.52     | 704.52         |
| 1.00     | MDSE - Appliances<br>Inventory item selected for charge code: AP-60000163013<br>Quantity: 1.00 PIPE COV ENCL 4 R53V                            | 194.40     | 194.40         |
| 1.00     | MDSE - Appliances<br>Inventory item selected for charge code: AP-60000163015<br>Quantity: 1.00 VALVE KIT FOR RV53EP                            | 104.40     | 104.40         |
| 1.00     | Sales Tax                                                                                                                                      | 80.27      | 80.27          |

TOTAL DUE: \$1,083.59

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 9/22/25 DUE DATE: 10/02/25  
CUSTOMER NO: 3647/3647

NAME: GIBBS, CASEY  
TYPE: RR - Residential Irwin Co

REMIT AND MAKE CHECK PAYABLE TO:  
FITZGERALD WATER LIGHT AND BOND  
P.O. Box 667  
FITZGERALD GA 31750

INVOICE NO: 54439  
TERMS: NET 10 DAYS

AMOUNT:

GA  
Rebate  
\$1,083.59  
- 200.00  
\$ 883.59

Account Number 3647  
 Name Casey Gibbs  
 Address 309 Alameda Hwy  
Orilla, GA

Call Date: 9/22/25 Date Requested: 9/23/25  
 Instructions: Hook up water heater + stove

Telephone Office: \_\_\_\_\_ Home: \_\_\_\_\_

| Appliance Check Item:               | Central Heating 1 | Space Heater 2 | Tankless Water Heater 3 | Range 4 | Clothes Dryer 5 | 6   | 7   |
|-------------------------------------|-------------------|----------------|-------------------------|---------|-----------------|-----|-----|
| Manufacturer                        |                   |                | Rinnai                  |         |                 |     |     |
| Model No.                           |                   |                | V53DE                   |         |                 |     |     |
| Serial No.                          |                   |                | TE-CA-003199            |         |                 |     |     |
| Location                            |                   |                | Exterior                |         |                 |     |     |
| BTU                                 | 000               | 000            | 120 000                 | N/A     | N/A             | 000 | 000 |
| Age                                 |                   |                | New                     |         |                 |     |     |
| Manual Shutoff (Installed/Existing) |                   |                | Installed               |         |                 |     |     |
| Venting                             |                   |                | gd                      |         |                 |     |     |

TANK/CYLINDER Existing

| SIZE | SERIAL NUMBER | MFR. | MFR. DATE | Last Test Date | Location | Tank Cond. | Paint | Pigtail | Fittings | Gauge | Relief Valve   | Fittings Leak Test |
|------|---------------|------|-----------|----------------|----------|------------|-------|---------|----------|-------|----------------|--------------------|
|      |               |      |           |                |          |            |       |         |          |       | Cond. Date Cap |                    |

PIPING/REGULATOR OPERATION/CONDITION

| SINGLE STAGE  | PIPING        | REGULATOR DATE CODE | REGULATOR CONDITION | MFR. | MODEL    | REG. VENT POSITION | HOW PROTECTED | FLOW PRESSURE |
|---------------|---------------|---------------------|---------------------|------|----------|--------------------|---------------|---------------|
|               | MATERIAL SIZE |                     |                     |      |          |                    |               |               |
| TWO STAGE 1ST | Copper 1/2    | 1/25                | New                 | Reg  | LV440386 | Kenel              | Done          | 11 IN. WC     |
| 2ND           |               |                     |                     |      |          |                    |               | PSIG          |
|               |               |                     |                     |      |          |                    |               | IN. WC        |

SYSTEM LEAK TEST

| SINGLE STAGE  | Start Pressure | End Pressure  | Time Held | System OK |
|---------------|----------------|---------------|-----------|-----------|
|               | (Inches W.C.)  | (Inches W.C.) |           |           |
| TWO STAGE 1ST | 11 (PSIG)      | 11 (PSIG)     | 5 min     | OK        |
| 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 unforeseen happenings.

Reference Invoice No. WF0541872 Date 9/23/25  
 (Mo. Day Yr.)

I, Casey Gibbs  
 (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.

Casey Gibbs  
 Customer's Signature

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

Chris Woods  
 Delivery Man / Technician Signature