

INVOICE

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

(229) 426-5400

TO: KATE SERRANO
1019 JACKSONVILLE HWY
FITZGERALD, GA 31750

INVOICE NO: 54501
DATE: 9/29/25

CUSTOMER NO: 3663/3741

TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SER# SL BA 199106 Inventory item selected for charge code: AP-60000163003 Quantity: 1.00 11.1 GPM NG/LP	1,581.84	1,581.84
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163022 Quantity: 1.00 PCD-035MP	185.40	185.40
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163033 Quantity: 1.00 OUTDOOR VENT CAP	45.00	45.00
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163032 Quantity: 1.00 PLUMBING INSTALLATION KIT	69.60	69.60
1.00	Sales Tax	150.55	150.55

TOTAL DUE: \$2,032.39

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 9/29/25 DUE DATE: 10/09/25
CUSTOMER NO: 3663/3741

NAME: SERRANO, KATE
TYPE: RO - RESIDENTIAL COUNTY BenHil

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

INVOICE NO: 54501
TERMS: NET 10 DAYS

AMOUNT:

GA \$2,032.39
Rebate - 200.00
\$1,832.39

Account Number 3663
Name Kate Sorrento
Address 1019 Jacksonville Hwy

Call Date: 9/22/25 Date Requested: 9/30/25
Instructions: Set tank

Telephone Office: _____ Home: _____

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>			<u>Fire Station</u>
Model No.			<u>RK199</u>			
Serial No.			<u>SL BA 199106</u>			
Location			<u>Exterior</u>			
BTU	000	000	<u>199 000</u>	<u>N/A</u>	<u>N/A</u>	<u>000 000</u>
Age			<u>NEW</u>			
Manual Shutoff (Installed/Existing)			<u>Installed</u>			
Venting			<u>gd</u>			

TANK/CYLINDER 293F

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Last Test Date	Location	Tank Cond.	Paint	Pigtail	Fittings	Gauge	Relief Valve	Fittings
											Cond. Date Cap	Leak Test
<u>250</u>	<u>800799</u>	<u>Trinity</u>	<u>1972</u>	<u>9/1/25</u>	<u>Exterior</u>	<u>gd</u>	<u>gd</u>	<u>New</u>	<u>gd</u>	<u>gd</u>	<u>gd</u>	<u>gd</u>

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING	REGULATOR DATE CODE	REGULATOR CONDITION	MFR.	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE
	MATERIAL SIZE							
	<u>Copper</u> <u>1/2</u>	<u>7/24</u>	<u>new</u>	<u>Rego</u>	<u>LV4403TR46</u>	<u>Level</u>	<u>Done</u>	<u>11 IN. WC</u>
TWO STAGE								
1ST								
2ND	<u>Copper</u> <u>1/2</u>	<u>4/25</u>	<u>new</u>	<u>Rego</u>	<u>LV4403B66</u>	<u>Level</u>	<u>overhang</u>	<u>10 IN. WC</u>

SYSTEM LEAK TEST

SINGLE STAGE	Start Pressure	End Pressure	Time Held	System OK
	(Inches W.C.)	(Inches W.C.)		
	<u>11</u>	<u>11</u>	<u>5 min</u>	<u>OK</u>
TWO STAGE				
1ST	(PSIG)	(PSIG)		
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. WF0541920 Date 9/30/25
(Mo. Day Yr.)

Wright Walker
(Please Print)

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

- 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.

Wright Walker
Customer's Signature