INVOICE

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

(229) 426-5400

TO: STEVE MCINTYRE
P O BOX 548
FITZGERALD, GA 31750
For 644 Briarwood Dr
Abbeville, GA 31001

INVOICE NO: 54441
DATE: 9/24/25

CUSTOMER NO: 2959/3046 TYPE: RI - RESIDENTIAL CITY

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SER # TE CA 003248 Inventory item selected for charge code: AP-60000163014 Quantity: 1.00 TNKLESS WTR HTR R53 LP	704.52	704.52
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163013 Quantity: 1.00 PIPE COV ENCL 4 R53V	194.40	194.40
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163015 Quantity: 1.00 VALVE KIT FOR RV53EP	104.04	104.04
1.00	Sales Tax	80.24	80.24

TOTAL DUE: $1,083.20

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 9/24/25 DUE DATE:10/06/25
CUSTOMER NO: 2959/3046

NAME: MCINTYRE, STEVE
TYPE: RI - RESIDENTIAL CITY

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

INVOICE NO: 54441
TERMS: NET 10 DAYS

AMOUNT: $1,083.20

GA Rebate -200.00

$883.20

FITZGERALD UTILITIES

PROPANE SAFETY CHECK FOR RESIDENTIAL CUSTOMERS

№ 002985

Account Number 2959

Name Steve McIntyre

Address 644 Briarwood Dr.
Abbeville, GA 31001

Call Date: 9/24/25

Date Requested: 9/24/25

Instructions: Tankless water heater

Telephone Office: _____ Home: _____

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer			Rinnai				
Model No.			V53De				
Serial No.			JE.CA-023248				
Location			Exterior				
BTU	000	000	120 000	N/A	N/A	000	000
Age			New				
Manual Shutoff (Installed/Existing)			installed				
Venting			gd				

TANK/CYCLINDER OT Existing

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

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE		PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	REGULATOR CONDITION	MFR.	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE
TWO STAGE	1ST	Copper	1/2	?	Used	?	?	Down	Done	11 IN. WC
	2ND									PSIG
										IN. WC

SYSTEM LEAK TEST

SINGLE STAGE		Start Pressure	End Pressure	Time Held	System OK
		(Inches W.C.) 11	(Inches W.C.) 11	5 min	OK
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 unforseen happenings.

Reference Invoice No. 5444 Date 9/24/25 (Mo. Day Yr.)

I, Steve McIntyre (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.

Steve McIntyre
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

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