



INVOICE

No 11458

HOME OWNED & OPERATED

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

NAME	Jordan Orvin	ACCOUNT NO.	
MAIL ADDRESS	367 Ricardo Street	DATE ORDERED	
CITY/STATE/ZIP	Baxley GA 31513	DATE PROMISED	
PHONE	912-278-5380 Shane Thornton	DATE COMPLETED	8-21-26
LOCATION		TERMS	

INSTRUCTIONS set 120 gallon tank, mount tankless water heater, run gas line

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	Rinnai RE160e tankless water heater w/isolation valves, serial # TK.UA-156441	1250 00	
100	gallon of propane	2 99	299 00
18'	1/2" coated copper tubing	3 99	71 82
2	1/2" flare nut	1 60	3 20
1	1/2" swivel		3 99
1	1/2" x 3/4" female adapter		3 19
1	1/2" flare cut off valve		16 95
2	3/4" pex male adapter	2 89	5 78

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	SERVICES PERFORMED <u>set 120 gallon tank, ran gas line, installed tankless water heater, ran pressure check</u>	TOTAL MATERIAL	1653 93
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 ☐			
	TOTAL TIME	HOURS	LABOR
			280 00
THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	SERVICES PERFORMED	SUBTOTAL	
X	BY <u>Daniel Sikes</u>	SALES TAX	132 31
CUSTOMER'S SIGNATURE		TOTAL DUE	2066 24

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

INSTALLATION OR TURN ON	REMOVAL OR TURN OFF	LEAK AND PRESSURE TEST	
		HIGH	LOW
SIZE: <u>120</u>	SIZE	START LOCK UP:	START LOCK UP:
S/N: <u>25A029264</u>	S/N:	TANK OFF PRESSURE:	TANK OFF PRESSURE:
GALLONS OR READING: <u>100gal</u>	GALLONS OR READING:	AFTER 10 MINUTES:	AFTER 10 MINUTES:
		PRESSURE AS LEFT:	PRESSURE AS LEFT:

RECEIVED BY _____ DATE _____ SERVICES RECEIVED BY _____

~~GP&A~~ rebate 200.00 AMOUNT 1866.24

WHITE/CUSTOMER'S COPY; YELLOW/POSTING COPY; PINK/FILE COPY

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 8/2/26
 Name Jordan Orvin Company Sikes Propane, Inc.
 Address 367 Ricardo Street Call Taken By _____
 City Baxley State GA Zip 31513 Telephone (Cell) _____ (Home) _____

Appliance Check

Appliance	<u>water heater</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RE160e</u>					
Serial #	<u>TK-4A-15</u> <u>6441</u>					
BTL's	<u>160,000</u>					
Burner / Cons. Chamber	<u>ok</u>					
Man. Shutoff / Sed. Trap	<u>installed</u>					
Control / Pilot Safety System	<u>ok</u>					
Venting System	<u>ok</u>					
Age	<u>new</u>					
Taken Out Of Service Or Operation						

Container Check

Size	Serial #	Manufacturer	MFR. Date	Location	Container Condition	Relief Valve	Fittings Leak Check
<u>120</u>	<u>2SA029264</u>	<u>American W.</u>	<u>1996</u>	<u>ok</u>	<u>ok</u>	<u>11-95</u>	<u>ok</u>

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held
<u>145 psi.</u>	<u>145 psi.</u>	<u>10 min.</u>	<u>0</u> <u>Work Order</u> <u>0</u>

Piping Check

Materials	Size	Cover / Protection
<u>coated copper</u>	<u>1/2"</u>	<u>ok</u>

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held
<u>9 in. wc.</u>	<u>9 in. wc.</u>	<u>10 min.</u>	<u>0</u> <u>Work Order</u> <u>0</u>

Regulator Check

Type	Manufacturer	Date / Model	Vent Position / Protection
<u>Twin</u>	<u>Rago</u>	<u>08D2025 / LV404B39</u>	<u>u-c</u>

Safety Information Supplied: _____

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