



INVOICE

No 11484

HOME OWNED & OPERATED

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

NAME	<u>Appling Blueberry Farm</u>	ACCOUNT NO.	
MAIL ADDRESS	<u>4312 Lake Mayers Rd.</u>	DATE ORDERED	
CITY/STATE/ZIP	<u>Baxley GA 31513</u>	DATE PROMISED	
PHONE	<u>912-278-9142</u>	DATE COMPLETED	<u>9-8-26</u>
LOCATION	<u>Migrant House</u>	TERMS	

INSTRUCTIONS set 250 gallon tank, hook up appliances & generator

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
200	<u>gallon of propane</u>	2 59	518 00
1	<u>Frigidaire FM051746BS OTR microwave</u>		279 00
75'	<u>1/2" coated copper tubing</u>	3 99	299 25
12'	<u>3/8" coated copper tubing</u>	3 29	39 48
1	<u>Rago LV4403YY 2psi regulator</u>		79 95
1	<u>Rago LV4403B66R second stage regulator</u>		74 95
1	<u>1/2" cut off valve</u>		16 95
2	<u>3/8" cut off valve</u>	12 95	25 90
1	<u>1/2" Autoflam Trac pipe ma.</u>		25 50
All	<u>other gas fittings, pex fitting, thread sealant, conv. kit</u>		128 20

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

set 250 gallon tank,

TOTAL MATERIAL

1487 18

ran gas line outside, completed final hook up, ran pressure check, lit & checked out appliances, converted range & generator to LP

TOTAL TIME _____ HOURS

LABOR

1500 00

THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

SERVICES PERFORMED

BY

Dan Miller

SUBTOTAL

SALES TAX

TOTAL DUE

2987 18

CUSTOMER'S SIGNATURE

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>250</u>	SIZE	START LOCK UP	START LOCK UP
S/N: <u>1548995</u>	S/N	TANK OFF PRESSURE	TANK OFF PRESSURE
GALLONS OR READING: <u>200 gal</u>	GALLONS OR READING	AFTER 10 MINUTES	AFTER 10 MINUTES
		PRESSURE AS LEFT	PRESSURE AS LEFT

RECEIVED BY _____

DATE _____

SERVICES RECEIVED BY _____

-GPA rebate 250.00
AMOUNT
2737.18

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



INVOICE

11470

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NAME	<u>Appling Blueberry Farm</u>	ACCOUNT NO.	
MAIL ADDRESS		DATE ORDERED	
CITY/STATE/ZIP		DATE PROMISED	
PHONE		DATE COMPLETED	<u>9-4-26</u>
LOCATION	<u>Migrant house</u>	TERMS	

INSTRUCTIONS

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	Frigidaire FRGCFG3070BF Gas range Serial # VF52801870		1549.99
1	Frigidaire GRMS2773AF refrigerator Serial # 1K60379057		2249.99

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

customer picked upTOTAL
MATERIAL

3799.98

TOTAL TIME _____ HOURS

LABOR

THE ODOR CHARACTERISTICS HAVE
BEEN DEMONSTRATED TO ME.

SERVICES PERFORMED

BY

[Signature]

SUBTOTAL

SALES TAX

TOTAL DUE

3799.98

X _____
CUSTOMER'S SIGNATURE

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:	SIZE	START LOCK UP:	START LOCK UP:
S/N:	S/N:	TANK OFF PRESSURE:	TANK OFF PRESSURE:
GALLONS OR READING:	GALLONS OR READING:	AFTER 10 MINUTES PRESSURE AS LEFT:	AFTER 10 MINUTES PRESSURE AS LEFT:

AMOUNT RECEIVED \$	_____
RECEIVED BY	_____
DATE	_____
SERVICES RECEIVED BY	_____

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



INVOICE

12448

HOME OWNED & OPERATED

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NAME	<u>Appling Blueberry Farm</u>	ACCOUNT NO.	
MAIL ADDRESS	<u>4312 Lake Mayers Rd.</u>	DATE ORDERED	
CITY/STATE/ZIP	<u>Baxley GA 31513</u>	DATE PROMISED	
PHONE	<u>912-278-9142</u>	DATE COMPLETED	<u>8-19-26</u>
LOCATION	<u>Migrant house</u>	TERMS	

INSTRUCTIONS run gas lines in attic & walls, run tankless water heater

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	DVCT35CRN95P, 35" Rushmore direct vent fireplace insert w/blower, blk liner, surround traditional charred logs, frame & arch insert, vent kit		8602 50
1	Generac 24 KW generator w/auto switch & battery		7200 00
1	Genpad		399 00
1	Rinnai RE180 tankless water heater w/valuation		1400 00
	valves, serial # WC.UA-028776		
70'	1/2" Condustrake Tee pipe	5 09	356 30
60'	3/8" coated copper tubing	3 29	197 40
3	1/2" Autoflex Tee pipe	25 50	76 50

SERVICEMAN TO COMPLETE IN
PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED
IN COMPLIANCE WITH N.F.P.A.
PAMPHLET NUMBER 50 ☐

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

SERVICES PERFORMED

ran all gas lines in
attic & walls for rough in, mounted
tankless water heater, installed
regulators in attic

TOTAL MATERIAL

18231 70

TOTAL TIME

HOURS

LABOR

1000 00

THE ODOR CHARACTERISTICS HAVE
BEEN DEMONSTRATED TO ME

SERVICES PERFORMED

BY

[Signature]

SUBTOTAL

SALES TAX

TOTAL DUE

19231 70

X _____
CUSTOMER'S SIGNATURE

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

AMOUNT
RECEIVED \$RECEIVED
BY

DATE

SERVICES RECEIVED
BY

INSTALLATION OR TURN ON	REMOVAL OR TURN OFF	LEAK AND PRESSURE TEST	
		HIGH	LOW
SIZE:	SIZE:	START LOCK UP:	START LOCK UP:
S/N:	S/N:	TANK OFF PRESSURE:	TANK OFF PRESSURE:
GALLONS OR READING:	GALLONS OR READING:	AFTER 10 MINUTES:	AFTER 10 MINUTES:
		PRESSURE AS LEFT:	PRESSURE AS LEFT:

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

Location @ 4412 Lake Mayers Rd.

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 9/8/26
 Name Appling Blueberry Farm Company Sikes Propane, Inc.
 Address 4312 Lake Mayers Rd. Call Taken By _____
 City Baxley State GA Zip 31513 Telephone (Cell) 912-278-9142 (Home) _____

Appliance Check

Appliance	Generator	Water heater	D.V. Logs	Range		
Manufacturer	Generac	Rinnai	Empire	Frigidaire		
Model #	600721010	RE180e	DVCT35CB N95P	FRGCF630 70BF		
Serial #	3017982767	WC, UA-02 8776	254694064	VF528018 70		
BTL's	355,000	180,000	35,000	88,500		
Burner / Comb. Chamber	ok	ok	ok	ok		
Man. Shutoff / Sed. Trap	installed	installed	installed	installed		
Control / Pilot Safety System	ok	ok	ok	ok		
Venting System	ok	ok	ok	ok		
Age	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	1548995	Quality Steel	2025	ok	new	03C23	ok

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held	Work Order
130psi.	130psi.	10min.	0	0

Piping Check

Materials	Size	Cover / Protection
coated copper	1/2" x 3/8"	ok
Trac pipe	1/2"	ok

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held	Work Order
9in.wc.	9in.wc.	10min.	0	0

Regulator Check

Type	Manufacturer	Date / Model	Vent Position / Protection	
First	Rago	06C2025 / LV4403TR9	u-c	
Second	Rago	04B2024 / LV4403Y4	down	
Second	Rago	06E2022 / LV4403B66R	down	
Second	Maxtrol	325-5L + 325-3L	horizontal	

Safety Information Supplied: _____

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