



INVOICE

N^o 11494

HOME OWNED & OPERATED

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

NAME	<u>Kyler Hutchinson</u>	ACCOUNT NO.	
MAIL ADDRESS	<u>3449 Zoar Rd.</u>	DATE ORDERED	
CITY/STATE/ZIP	<u>Baxley GA 31513</u>	DATE PROMISED	
PHONE	<u>912-278-3805</u>	DATE COMPLETED	<u>9-22-26, 9-28-26</u>
LOCATION		TERMS	

INSTRUCTIONS set 250 gallon tank, hook up gas logs & tankless water heater

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	36" Empire brookside deluxe fire box w/ porcelain liner & T-stat blower		1440 90
1	24" Peterson G10-24/30-15CM/P gas log w/ 1/4" camata		1398 50
200	gallon of propane	1 59	318 00
140'	1" poly pipe	2 05	287 00
2	1" poly riser w/ 90° elbow & bell reducer	59 95	119 90
1	Rago LV4403B66 second stage regulator		69 95
2	Trac pipe 1/2" Auto Flare X Ma	25 50	51 00
2	cut off valve	16 95	33 90
All	other gas fittings, thread sealant, copper, true pipe		98 74

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, hooked up poly pipe, gas logs tankless water heater, ran pressure check, lit & checked out appliances

TOTAL MATERIAL

3817 89

THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

SERVICES PERFORMED

BY

SUBTOTAL

SALES TAX

305 43

TOTAL DUE

5023 32

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>1548656</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:

-GPA rebate 200.00
AMOUNT
\$ 4823.32

RECEIVED BY _____
DATE _____
SERVICES RECEIVED BY _____

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

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 9/22/26
 Name Kyle Hutchinson Company Sikes Propane, Inc.
 Address 3449 Zoar Rd. Call Taken By _____
 City Baxley State GA Zip 31513 Telephone (Cell) 912-278-3805 (Home) _____

Appliance Check

Appliance	water heater	gas	Loss	Generator			
Manufacturer	<u>Rinnai</u>	<u>Peterson</u>					
Model #	<u>RE199e</u>	<u>G10-24/30</u>					
Serial #	<u>WF. UA-07</u>	<u>2433P383</u>					
	<u>4762</u>	<u>578</u>					
BTL's	<u>199,000</u>	<u>37,000</u>					
Burner / Com. Chamber	<u>ok</u>	<u>ok</u>					
Man. Shutoff / Sed. Trap	<u>installed</u>	<u>installed</u>					
Control / Pilot Safety System	<u>ok</u>	<u>ok</u>					
Venting System	<u>ok</u>	<u>ok</u>					
Age	<u>new</u>	<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>250</u>	<u>1548656</u>	<u>Quality Steel</u>	<u>2025</u>	<u>ok</u>	<u>new</u>	<u>09C22</u>	<u>ok</u>

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held	Work Order
<u>135psi.</u>	<u>135psi.</u>	<u>10min.</u>	<u>0</u>	<u>0</u>

Piping Check

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

System Leak Check

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

Regulator Check

Type	Manufacturer	Date / Model	Vent Position / Protection
<u>First</u>	<u>Rago</u>	<u>09B2025 / LV4403TR9</u>	<u>u-c</u>
<u>Second</u>	<u>Rago</u>	<u>08B2025 / LV4403B66</u>	<u>down</u>

Safety Information Supplied:

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