

INVOICE

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

(229) 426-5400

TO: ISIDRO SERRANO
130 AGNER COURT
FITZGERALD, GA 31750

INVOICE NO: 57236
DATE: 4/15/26

CUSTOMER NO: 2667/2752

TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SERIAL# TH.UA 123954 Inventory item selected for charge code: AP-60000163021	1,414.97	1,414.97
1.00	Quantity: 1.00 351-RE199EP Sales Tax	113.20	113.20

TOTAL DUE: \$1,528.17

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 4/15/26 DUE DATE: 4/27/26
CUSTOMER NO: 2667/2752

NAME: SERRANO, ISIDRO
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: 57236
TERMS: NET 10 DAYS

AMOUNT:

GA
Rebate

\$1,528.17
- 200.00
<u>\$ 1,328.17</u>

Account Number 2667
 Name Isidro Serrano
 Address 709 Ewing Farm Road
Ashburn, GA

Call Date: 4/18/26 Date Requested: 4/18/26
 Instructions: mount water heater

Telephone Office: _____ Home: Tankless

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer			<u>Rinnai</u>				
Model No.			<u>RE199e</u>				
Serial No.			<u>TH UA-123954</u>				
Location			<u>Exterior</u>				
BTU	000	000	<u>199 000</u>	N/A	N/A	000	000
Age			<u>new</u>				
Manual Shutoff (Installed/Existing)			<u>Existing</u>				
Venting			<u>gd</u>				

TANK/CYLINDER Existing

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>Fail</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>01/20</u>	<u>used</u>	<u>Rayo</u>	<u>LV404B66</u>	<u>Low</u>	<u>Done</u>	<u>11</u> IN. WC
TWO STAGE	1ST								PSIG
	2ND								IN. WC

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)		
	2ND	(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. _____ Date 4/18/26
 (Mo. Day Yr.)

I, Isidro Serrano
 (Please Print)

I, Chris Woods
 (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.

Certify that I have completed the System Check as prescribed
 Performed Odor Test Yes Performed Pressure Test Yes
 Left Consumer Safety Info Yes