

INVOICE

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

(229) 426-5400

TO: JIMMY HOWELL
104 LAKEVIEW CIRCLE
FITZGERALD, GA 31750

INVOICE NO: 57635
DATE: 6/09/26

CUSTOMER NO: 3736/3812

TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SERIAL #WC UA 029440 Inventory item selected for charge code: AP-60000163021 Quantity: 1.00 351-RE199EP	1,297.05	1,297.05
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163011 Quantity: 1.00 PIPE COV ENCL 4 R75L	171.53	171.53
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163032 Quantity: 1.00 PLUMBING INSTALLATION KIT	69.10	69.10
1.00	Sales Tax	123.01	123.01

TOTAL DUE: \$1,660.69

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 6/09/26 DUE DATE: 6/19/26
CUSTOMER NO: 3736/3812

NAME: HOWELL, JIMMY
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: 57635
TERMS: NET 10 DAYS

AMOUNT:

GA \$1,660.69
Rebate - 200.00
\$ 1460.69

Account Number 3736
 Name Jimmy Howell
 Address 104 Lakeview Circle
Fitz, GA

Call Date: 6/9/26 Date Requested: 6/9/26
 Instructions: mount water heater

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>			
Model No.			<u>RE199e</u>			
Serial No.			<u>WC. UA029 440</u>			
Location			<u>Exterior</u>			
BTU		000	000			
Age			<u>199</u> 000	N/A	N/A	000 000
Manual Shutoff (Installed/Existing)			<u>new</u>			
Venting			<u>installed</u>			
			<u>go</u>			

TANK/CYLINDER <i>Existing</i>														
SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Last Test Date	Location	Tank Cond.	Paint	Pigtail	Fittings	Gauge	Relief Valve			Fittings Leak Test
											Cond.	Date	Cap	
PIPING/REGULATOR OPERATION/CONDITION														
<i>5 min</i>														

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>Used</u>	<u>Rego</u>	<u>LV404B4</u>	<u>Level</u>	<u>Dome</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>
	(PSIG)	(PSIG)		
TWO STAGE	1ST			
	2ND			
	(Inches W.C.)	(Inches W.C.)		

Comments: _____

Reference Invoice No. WF0564052 Date 6/9/26
 (Mo. Day Yr.)

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.

I, Jimmy Howell
 (Please Print)

I, Chris Woods
 (Please Print)

Certify that I have completed the System Check as prescribed

Performed Odor Test ☒ Performed Pressure Test ☒
 Left Consumer Safety Info ☒

- 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.

P.L. Woods