



INVOICE
No. 11077

HOME OWNED & OPERATED

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

NAME	<u>Karen Wheeler</u>	ACCOUNT NO.	_____
MAIL ADDRESS	<u>155 George Wheeler Rd.</u>	DATE ORDERED	_____
CITY/STATE/ZIP	<u>Alma GA 31510</u>	DATE PROMISED	_____
PHONE	<u>912-614-4291</u>	DATE COMPLETED	<u>1-6-26</u>
LOCATION	_____	TERMS	_____

INSTRUCTIONS install tankless water heater

QTY.	TAG NO. AND DESCRIPTION OF APPLIANCE/MATERIAL	UNIT PRICE	SALES AMOUNT
1	<u>Rinnai RE160e tankless water heater</u> <u>serial # TG.UA-098192</u>		<u>1150 00</u>
1	<u>1/2" cut off valve</u>		<u>16 95</u>
1	<u>1/2" swivel</u>		<u>3 99</u>
1	<u>1/2" x 3/4" female adaptor</u>		<u>3 19</u>
1	<u>1/2" flare nut</u>		<u>1 60</u>

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER: 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>	SERVICES PERFORMED <u>installed tankless water heater, ran pressure check, lit + checked out water heater</u>	TOTAL MATERIAL	<u>1175 73</u>
	TOTAL TIME _____ HOURS	LABOR	<u>330 00</u>
THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	SERVICES PERFORMED BY <u>David Sikes</u>	SUBTOTAL	
X _____ CUSTOMER'S SIGNATURE		SALES TAX	<u>94 06</u>
		TOTAL DUE	<u>1599 79</u>

-GPA rebate 200.00
AMOUNT 1399.79

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:	AFTER 10 MINUTES:
		PRESSURE AS LEFT:	PRESSURE AS LEFT:

RECEIVED BY _____
DATE _____
SERVICES RECEIVED BY _____

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 1/6/26
 Name Karen Wheeler Company Sikes Propane, Inc.
 Address 155 George Wheeler Call Taken By _____
 City Alma State GA Zip 31510 Telephone (Cell) 912-614-4291 (Home) _____

Appliance Check

Appliance	<u>water heater</u>				
Manufacturer	<u>Rinnai</u>				
Model #	<u>RE160e</u>				
Serial #	<u>TG UA-09 8192</u>				
BTU's	<u>160,000</u>				
Burner / Com. 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>3A13246</u>	<u>American W.</u>	<u>1985</u>	<u>ok</u>	<u>ok</u>	<u>ok</u>	<u>ok</u>

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held
<u>115 psi.</u>	<u>115 psi.</u>	<u>10 min.</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Work Order <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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. w.c.</u>	<u>9 in. w.c.</u>	<u>10 min.</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Work Order <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Regulator Check

Type	Manufacturer	Date / Model	Vent Position/ Protection
<u>Twin</u>	<u>MEC</u>	<u>12 Oct 18 / MEGR-1232-HFF</u>	<u>u-c</u>

Safety Information Supplied:

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