

INVOICE

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

(229) 426-5400

TO: CASEY GIBBS
309 ALAPAHA HWY
OCILLA, GA 31774

INVOICE NO: 57967
DATE: 7/31/26

CUSTOMER NO: 3647/3647

TYPE: RR - Residential Irwin Co

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SERIAL# SJ BA 151745 Inventory item selected for charge code: AP-60000163005 Quantity: 1.00 SENSEI RU180 10 GPM LP	1,455.12	1,455.12
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163022 Quantity: 1.00 PCD-035MP	203.40	203.40
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163033 Quantity: 1.00 OUTDOOR VENT CAP	60.30	60.30
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163032 Quantity: 1.00 PLUMBING INSTALLATION KIT	75.38	75.38
1.00	Sales Tax	143.54	143.54

TOTAL DUE: \$1,937.74

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 7/31/26 DUE DATE: 8/10/26
CUSTOMER NO: 3647/3647

NAME: GIBBS, CASEY
TYPE: RR - Residential Irwin Co

REMIT AND MAKE CHECK PAYABLE TO:
FITZGERALD WATER LIGHT AND BOND
P.O. Box 667
FITZGERALD GA 31750

INVOICE NO: 57967
TERMS: NET 10 DAYS

AMOUNT: \$1,937.74
GA Rebate - 200.00
\$1,737.74

Account Number 3647

Name Casey Gibbs

Address 309 Alapaha Hwy
Ocala

Call Date: 7/31/26 Date Requested: 8/4/26

Instructions: mount tank water heater

Telephone Office: _____ Home: _____

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>RX180i</u>				
Serial No.			<u>5J.BA-151745</u>				
Location			<u>Extension</u>				
BTU	000	000	<u>180</u> 000	N/A	N/A	000	000
Age			<u>new</u>				
Manual Shutoff (Installed/Existing)			<u>installed</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 Leak Test
											Cond.	Date	Cap	

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>8/24</u>	<u>new</u>	<u>Rego</u>	<u>LV404B4</u>	<u>Lever</u>	<u>None</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.) <u>11</u>	(Inches W.C.) <u>11</u>	<u>5min</u>	<u>OK</u>
TWO STAGE	1ST (PSIG)	(PSIG)		
	2ND (Inches W.C.)	(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. WFD-67352 Date 8/4/26
(Mo. Day Yr.)

I, Casey Gibbs
(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

[Signature]
Customer's Signature

[Signature]
Delivery Man / Technician Signature