SHARP ENERGY | FLORIDA PUBLIC UTILITIES

Partnering to provide exceptional propane service!

RESIDENTIAL GAS SAFETY CHECK

Safeguarding you and your propane system.

Name: Ruth Maready

Address: 5156 NC Hwy 50

City, State: Wallace NC ZIP: 28466

Account Number: 2234243

Call-Taker's Name:

Primary Telephone:

PERFORMANCE CHECK

	Manufacturer	Serial Number	Model Number	Type of Fuel (per data plate)	BTU Reading (per data plate)	Manual Shutoff (Installed or Existing)	Sediment Trap (Installed or Existing)	Safety Control Mfr. / Model No.	Standing Pilot / Spark Ignition	Combustion Air	Carbon Monoxide PPM	Removed from Service Recall/Unsafe
Central Heating 1 Duel Fuel?		2641216 40FA	8YCC403A 1020AB	LP	70K	Install	Install	✓	SI	✓	0	—
Central Heating 2 Duel Fuel?												
Water Heater 3												
Range 4												
Dryer 5												
Fireplace 6												
Other												

TANK/CYLINDER Information: ASME TANK ☑ DOT CYLINDER ☐ INSTALLED TO CODE ☐

TANK SIZE	TANK SERIAL NUMBER	MFR.	MFR. DATE	DOT LAST TEST DATE	AG/UG	CONDITION OF: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE CONDITION	RELIEF VALVE DATE	RELIEF VALVE CAP	FITTINGS LEAK TEST
499	L-20357-H				AG	✓	✓	✓	✓	✓	✓	✓	✓	Good
330	455998				AG	✓	✓	✓	✓	✓	✓	✓	✓	Good

METER Information: METER ☐ INSTALLED TO CODE ☐

METER SIZE	METER SERIAL NUMBER	MFR.	MFR. DATE	CURRENT READING	# OF FIXED ZEROS	INDEX COLOR (Red or White	CONDITION OF METER: PAINT	LEVEL	SUPPORTED	CONDITION OF PIPING: PAINTED OR GALVANIZED	SQUARE & PLUMB

PIPING & REGULATOR OPERATION / CONDITION

TWIN STAGE REGULATOR	PIPING MATERIAL	PIPING SIZE	REGULATOR MFR.	REGULATOR MODEL	REGULATOR DATECODE	REGULATOR CONDITION	REG. VENT POSITION	VENT AWAY FROM IGNITION SOURCE?	FLOW PRESSURE	LOCK-UP PRESSURE
									IN	IN
TWO STAGE	1ST					Good	Down	Yes	PSIG	PSIG
	2ND									
THREE STAGE	3RD					Good	Down	Yes	12 WC	14.5 WC

MEC
TYPE : MEGR-1222-BAF
ORIFICE : 0.14"
OPS RANGE : 9.5-13"WC
MAX INLET : 10 PSI
INTERNAL RELIEF
SECOND STAGE
08 DEC 2025
S/N: 066688

SYSTEM LEAK TEST

	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME H	
INTEGRAL SECOND STAGE				
TWO STAGE	11	11	3	✓

TIME DIAL TEST

	TIME HELD	SYSTEM OK

COMMENTS:

R Maready (Print Name)

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 or unforeseen happenings.

- Know how to turn off the gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the consumer safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.
- Have been made aware of the odorant added to propane, am aware that can diminish or fade in intensity, and understand certain limitations or conditions might prevent me from smelling a gas leak.
- Have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories as an additional measure of safety.
- Have informed individual performing safety check of all gas burning appliances and gas lines on my property.

(Customer's Signature) R Maready

I, Jamie Jones (Print Name) certify that I have completed this Residential Safety Check as prescribed.

Performed Odor Test	✓
Performed System Leak Test	✓
Placed Safety Decal	✓
Gas Detector Recommended	✓
Presented Consumer Safety Materials	✓

(Service Technician's Signature)

Work order #

Date 11/18

Invoice

Gideon Heating & Air Conditioning
98 J. H. Batts Rd.
Surf City, NC 28445
(910) 328-1817
accounting@gideonhvac.com
16039

Invoice Date:	**11/18/2026**
Invoice No:	**F-176622**
Due Date:	**11/18/2026**
Sales Rep:	**Carl Pulliam**
Customer PO:	
Work Order No.	**WO-122549**

Bill To Address

Ruth Maready
5156 NC HWY 50 South
Wallace, NC 28466

Site Address

Ruth Maready
5156 NC HWY 50 South
Wallace, NC 28466

Description	Qty	Price ($)	Amount ($)
PACKAGE UNIT: Equipment: Unit: 5YCC4030A1070AA 26421540FA 11/16/26 LP Kit: BAYLPKT102B	1.00	12800.00	12800.00
3yr JB Extended Warranty	1.00	0.00	0.00

Sub Total	**$12,800.00**
Tax (6.7500 %)	$0.00
Total	**$12,800.00**
Amount Received	**$2,000.00**
Invoice Balance	**$10,800.00**

CC#9683 Auth:018360 $2,000.00

Message

All invoices are due within the specified payment terms. In the event of non-payment, we reserve the right to charge the credit card on file for the outstanding balance.