



2138 WEST US HIGHWAY 19E
BURNSVILLE, NC 28714

RANDAL LAWS
90 DEYTON HEIGHTS
BURNSVILLE, NC 28714

000559350400001762445

INVOICE

Page 1 of 1

Customer #:	5593504
Payment Terms:	COD
Invoice #:	29254974
Invoice Date	2024-10-24
Total Due	\$1,762.44

Amount Enclosed: \$

BLOSSMAN GAS & APPLIANCE
2138 WEST US HIGHWAY 19E
BURNSVILLE, NC 28714

Customer Name		Delivery/Service Address	Cust #	Invoice #	Inv Date
RANDAL LAWS		90 DEYTON HEIGHTS - BURNSVILLE, NC 28714	5593504	29254974	2024-10-24
Quantity	Item Number	Description	Unit Price		TOTAL
1.00	064060	Add cutoff valve flex connector to existing gas line	\$142.0100		\$142.01
1.00	RE180IP	Rinnai RE Series 8.5 GPM Indoor NCTWH - LP	\$1,499.0000		\$1,499.00

SN - SF-UA-083290

Tank/Equipment: Water Heater - TANKLESS WATER HEATER

For Fuel or Service At:

90 DEYTON HEIGHTS - BURNSVILLE, NC 28714

Sub Total	\$1,641.01
Consumables	\$9.99
Tax Total	\$111.44
TOTAL DUE	\$1,762.44

PRIORITY BILLING

BLOSSMAN GAS & APPLIANCE
2138 WEST US HIGHWAY 19E
BURNSVILLE, NC 28714

www.blossmangas.com | 828-682-2118

Safety Check



Customer Account Number
5593504

Date
2025-01-06

Work Order #
29557673

Branch
BURNSVILLE

Name
RANDAL LAWS

Customer Email
rdlaws44@gmail.com

Address
90 DEYTON HEIGHTS

City
BURNSVILLE

State
NC

Zip
28714

Phone #
(828) 208-4071

Alt. Phone #

Has contact information been updated?
Please Choose

☒ Walk-Through Visual
Inspection

☒ Leak Check

☒ Safety Check

☒ Existing Installation

☐ New Installation

Appliances

Appliance	Type	Manufacturer	Age of Appliance (In Years)
Water Heater	GAS	Rinnai	5
Input of BTU 180,000	Appliance Converted LP	Control Safety System OK	Combustion Chamber OK
Combustion Air OK	Venting System OK	Red Tagged NO	

Appliance	Type	Manufacturer	Age of Appliance (In Years)
Range/Cooktop	NONE		Please Choose
Input of BTU	Appliance Converted Please Choose	Control Safety System Please Choose	Combustion Chamber Please Choose
Combustion Air Please Choose	Venting System Please Choose	Red Tagged Please Choose	

Appliance	Type	Manufacturer	Age of Appliance (In Years)
Dryer	NONE		Please Choose
Input of BTU	Appliance Converted Please Choose	Control Safety System Please Choose	Combustion Chamber Please Choose

Combustion Air Please Choose	Venting System Please Choose	Red Tagged Please Choose
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Appliance Gas Logs	Type GAS	Manufacturer Buckstove	Age of Appliance (In Years) 10 Plus
Input of BTU 27,000	Appliance Converted LP	Control Safety System OK	Combustion Chamber OK
Combustion Air OK	Venting System OK	Red Tagged NO	

Appliance Furnace	Type GAS	Manufacturer Rheem	Age of Appliance 10
Input of BTU 60,000	Appliance Converted LP	Control Safety System OK	Combustion Chamber OK
Combustion Air OK	Venting System OK	Red Tagged NO	

Equipment

Equipment Type Tank	Equipment Description 500 beside garage	Owned By Company
Size LP500AG	Serial Number M2439297	Manufacturer Other
Condition OK	Relief Valve Cap OK	Fittings Leak Test OK

Regulator Operation

1st Stage	Manufacturer Rego	Model LV4403TR9	Flow Pressure 9.5 psi	Lock-Up Pressure 9.75 psi
2 PSI	Manufacturer NA	Model	Flow Pressure psi	Lock-Up Pressure psi
2nd/Final Stage	Manufacturer Rego	Model LV4403B4	Flow Pressure 10 w.c.	Lock-Up Pressure 12 w.c.

System Leak Check

Leak Check Pass/Failed
PASSED ☒ Low Pressure ☐ High Pressure

Start Pressure 9 w.c.	End Pressure 9 w.c.	Time Held 4 w.c.	Minutes/Hours MINUTES
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Piping Pressure Test

Start Pressure Na	End Pressure psi	Time Held	Minutes/Hours Please Choose
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CO Reading

1

PPM (Based on the U.S. Consumer Product Safety Commission, readings should be below 30ppm)

DISCLAMIER: This Safety Check/Leak Check covers LP/Nat gas items and equipment visible and accessible to the service representative and represents the conditions existing on this date. It does not cover latent or manufacturing defects, the internal working of equipment, structural components, or high temperature plastic vent (HTPV), and cannot be construed to cover future or unforeseen deficiencies.

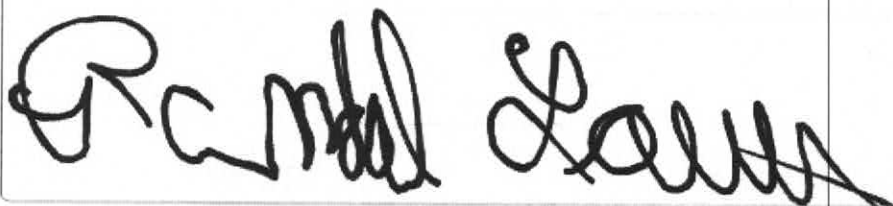
I, RANDAL LAWS

Know how to turn off gas in case of emergency,

Have smelled propane/natural gas and can detect its odor,

Have received the consumer safety information,

I am satisfied with the service work performed.



Sign in the box above

Date

2025-01-06

Comments

Representative Name

