

# NC PERF 2024 – 2025 Safe Installation of Appliances Rebate Form

This form must be completed by a participating propane marketer. A safety inspection must be performed after the installation of each new qualifying appliance(s) and the acknowledgement of that inspection must be documented on this form in a manner acceptable to the NC PERF. Minimum requirements of the safety inspection are located on page 2 of this form.

This form and receipts showing purchase of each appliance must be submitted to the NC PERF for the customer to be eligible for consideration of any rebate(s). Failure to furnish all necessary documentation will result in the customer being declared ineligible for consideration of any rebate(s). The required inspections must be performed to conform to industry standard practices, NC Fuel Gas Code requirements, or local code requirements. The NC PERF and the Southeast Propane Alliance assume no liability for a customer being declared ineligible for consideration of any rebate(s).

Customer's Name Tony Fales

Mailing Address 566 Union Chapel Rd.

City Burgaw State NC Zip 28425

Phone: 910-470-4374 Email: tony.fales6267@gmail.com

Gas Company Sharp Energy

Mailing Address P.O. Box 386

City Wallace State NC Zip 28466

Email: jdjones@chpk.com Phone: 910-285-2471

**Maximum of \$1500.00 per customer location per 12 month period**

Description	Amount per unit	Number of units	Model number(s)	Serial number(s)	Total
Propane furnace, or gas pack <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$400.00				
Propane-fueled vented room heater or wall furnace <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$150.00				
Propane-fueled tankless water heater <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00	<u>1</u>	<u>RE140EP</u>	<u>215K. UA-149781</u>	<u>1</u>
Propane-fueled storage-type water heater <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$300.00				
Dual fuel heat pump with propane as one fuel (includes hydronic) <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$400.00				
Propane-fueled cook top/range <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$50.00				
Propane-fueled clothes dryer <input type="checkbox"/> New <input type="checkbox"/> Replacement	\$50.00				
<div>Maximum \$1500.00</div> <div>Grand Total</div>					<u>1</u>

## Required Signatures and Dates

Company Owner/Manager/ or Technician's signature:

I, Jamie Jones, certify that the required tests were performed in compliance with all applicable laws and regulations governing the installation.

Date of Inspection: 1/16/2025

☐ Check here if install is new home contractor construction (No receipt required)

Name of Builder/Contractor \_\_\_\_\_

(This paperwork must be submitted to SEPA within 30 days of appliance inspection date to receive rebate)

### ***Disclaimer:***

The propane marketer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane marketer that the required safety test was completed. A safety inspection must be performed by the participating propane marketer after the installation of each new qualifying appliance(s). The safety inspection for qualifying appliance installations consists of the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane marketer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and NC PERF assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and NC PERF disclaims any liability for any personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential, or compensatory, directly or indirectly arising from the installation of the qualifying appliance(s).

Please submit your 2-page rebate form and receipt(s) to:

Mail: NC PERF  
5109 Hollyridge Dr.  
Suite 101  
Raleigh, NC 27612

Fax: 919-781-7481

Email: [info@ncpropanerebates.com](mailto:info@ncpropanerebates.com)

As of 07/01/24





\*\* Reprint \*\* \*\*\*\*\* Call Modified \*\*\*\*\* \*\*

Reason: 33-APPLIANCE INSTALL 2 HRS  
INSTALL TANKLESS WH, RUN LINES FROM TANK

Workorder #: 788241

Logged on: 01/09/2025 16:17

Scheduled For: 01/16/2025

Arrive: 12:15  
REQ FROM: 09:00

S#:1 DIV: 212  
Tel: (910)470-4374

SDV: 0.00

370 LTX

CR LIM: NO LIM

BAL: -321.00

TONY FALES  
566 UNION CHAPEL RD

BURGAW, NC 28425

Delivery: LDD:09/17/2021 69units.(PER)SIZE:120LOC:AG

Service Addr: TONY FALES/262 JUNIPER LANE/./CURRIE NC 28435

Instruct:

Site Defn: 3 GRILLS, HOT WATER HEATER/./././

Installation Component:

SN:HX95357

Jjone1  
01/15/2025 16:21  
Complete: 14:15  
REQ TO: 16:30  
Zone:WA63  
LCD:  
SRD:  
TWD:  
HWG:

ACCT#:2280014

WO #: 788241

S #:

1 Call date: 01/09

Applied for NC PERF Rebate

TANK DATA			METER DATA		
SIZE	SERIAL NUMBER	%	TYPE	SERIAL NUMBER	READING

CATHODIC PROTECTION SURVEY READINGS	
TANK ISOLATION: YES or NO ANODE SIZE:	
[1]	[2]
[4]	[3]

DESCRIPTION OF WORK PERFORMED							
INSTALLED RINNAI LEAK TEST							
NO LEAKS FOUND. CUST RUNNING							
WATER & ELECTRIC.							
App # 4382 \$1,090.89							
SMID	DATE	TIME IN	TIME OUT	O/T IN	O/T OUT	HOURS	RATE
37A	1/16	9:45	11:45			2	200

FUNCTION 8 REASON 33  
WORK PERFORMED L4

SUMMARY OF CHARGES		
DESCRIPTION	TAX AMOUNT	AMOUNT OF CHARGES
PARTS		\$1688.43
LABOR		\$400.00
TRIP / SHOP		
QUOTE		
TOTALS		\$2088.43
EMPLOYEE SIGNATURE	WARNING TAG #	DATE
HARP ENERGY, INC.		1/16/25

GAS SAFETY CHECK COMPLETED

YES NO

Regulator Pressure Test	Delivery	Lock-Up	Make	Model	Mfr Date
Integral Twin Stage	in w.c.	in w.c.			
1st Stage	10 PSI	10 PSI	MEC	1ST	'24
2nd Stage	11 in w.c.	12 in w.c.	MEC	2ND	'24
Leak Test	Tank Pressure	Start	End	Time Held	
High Pressure: TP Less 10PSI	PSI	PSI	PSI	Minutes	
Leak Test	System Pressure	Start	End	Time Held	
Intermediate 1st Stage Less 5PSI	10 PSI	5 PSI	5 PSI	10	Minutes
Low Pressure: 9" w.c. +/- 1/2" w.c.		INWC	INWC	Minutes	
Pressure Test: 1.5x wp (min 3 PSI)	Test Medium	Start	End	Time Held	
Time Dial Test	Circle one air or inert gas	PSI	PSI	Minutes	

I HAVE BEEN FAMILIARIZED WITH THE PROPER OPERATION OF MY GAS EQUIPMENT INCLUDING APPLIANCES AND THE SHUT-OFF VALVES. THE ODOR OF PROPANE AND THE PROPER SAFETY STEPS TO TAKE IN THE EVENT OF A GAS LEAK HAVE BEEN SHOWN TO ME BY THE SERVICEMAN. CUSTOMER SIGNATURE CONFIRMS THE WORK INDICATED ON THE WORKORDER WAS PERFORMED TO THE SATISFACTION OF THE CUSTOMER.

CUSTOMER SIGNATURE DATE 1/16/25

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