

INVOICE



Customer #:	994895
Payment Terms:	Net 30
Invoice #:	2186915
Invoice Date:	2025-12-15
Total Due	\$3,438.66

www.blueridgeenergy.com | 1-800-726-0405

Make Check Payable to: Blue Ridge Energy, LLC

NANCY DOYLE
219 CUSTER TRAIL
CARY, NC 27513

Amount Enclosed: \$ _____
Remit To:
Blue Ridge Energy, LLC
PO Box 2008
Lenoir, NC 28645

00009948950002186915000034386600003438662

Customer Name		Delivery/Service Address	Cust #	Invoice #	Inv Date
NANCY DOYLE		159 MCLAURIN LANE - WEST JEFFERSON, NC 28694	994895	2186915	2025-12-15
Quantity	Item Number	Description	Unit Price	TOTAL	
			\$128.9200	\$128.92	
1.00	Service Parts	Rinnai Matsui Plumbing Isolation Kit	\$2,312.9900	\$2,312.99	
1.00	6202402	Rinnai Tankless Water Heater Condensing wRecirculation Pump	\$3.0000	\$3.00	
1.00	White Goods Disposa	White Goods Disposal Tax	\$200.0000	\$550.00	
2.75	Install Labor	Installation Labor	\$49.3700	\$49.37	
1.00	Service Parts	3/4 cutoff	\$2.5500	\$30.60	
12.00	Service Parts	PVC	\$8.0800	\$56.56	
7.00	Service Parts	PVC 90	\$37.7000	\$37.70	
1.00	Service Parts	3/4" Black Iron nipples	\$5.3300	\$15.99	
3.00	Service Parts	90	\$28.7500	\$28.75	
1.00	Service Parts	Drip leg			
		Ashe County Tax:	\$72.25		
		North Carolina State Tax:	\$152.53		

Tank/Equipment: Fuel Tank - Leased 500 UG LP Tank #1280654

For Fuel or Service At:
159 MCLAURIN LANE - WEST JEFFERSON, NC 28694

Sub Total	\$3,213.88
Charges	\$0.00
Tax Total	\$224.78
TOTAL DUE	\$3,438.66

ACCOUNT BALANCE	\$0.00
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12/15/2025 - Technician: Donny Pruitt - Work Performed: - Installed and vented water heater ready for plumber

Blue Ridge Energy, LLC
PO Box 2008
Lenoir, NC 28645

PROPANE SAFETY INSPECTION

Account # 994895 Name NANCY DOYLE Address [330481] 159 MCLAURIN LANE City WEST JEFFERSON
State NC Zip 28694 Phone (919) 306-3889 Date of Inspection 12/15/2025 Branch/Location _____ Work Order # _____

Equipment Type	Water Heater
Manufacturer	Rinnai
Year Manufactured	
Model #	RXP199i
Serial #	TB.BA-037966
Fuel	Propane
BTUs (Maximum Input)	199,000
Manual Shutoff Valve	OK
Sediment Trap	OK
Burner(s) Condition	OK
Combustion Chamber Condition	OK
Control/Pilot Safety System	OK
Venting System	OK
Combustion Air	OK
Taken Out of Svc or Operation (Tag #)	No

CONTAINER CHECK	Serial #	Cust. Own	Container Type		Size	Tank %	Manufacturer	Mfr. Date	DOT		Container			Relief Valve		Fittings Leak Test	
			ASME/ DOT	AG/UG/AGUG					Last Requal Date	Type	Found.	Loc.	Cond.	Cond.	Date		Cap
	1280654	N	ASME	UG	500 wg		Quality Steel	2018	N/A		OK	OK	OK	OK	NV	OK	OK

PIPING	Material	Size	Protection	REGULATOR(S)	Mfr.	Model #	Date Code	Cond.	Vent Position	Protection								
											Integral	CT (Copper Tubing)	1/2	OK	Integral	REGO	404Y39	2018

CSST TRACKING (IF APPLICABLE) Bonded Yes No Unknown Jurisdictional Acct. Y N Unknown Gas Lines Capped Y N/A Heat Pump Y N

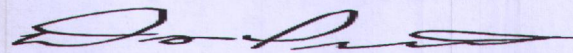
System Type	System Leak Check <input checked="" type="checkbox"/> Entire System				Pressure Test				System Operation Tests				
	Initial/Start Pressure		End Pressure	Start Time	End Time	Start Pressure	End Pressure	Start Time	End Time	Flow Pressure Test		Lock-Up Pressure Test	
Integral	10	5	5	10:52	11:02	PSI	PSI			11	<input type="checkbox"/> WC <input type="checkbox"/> PSI	12.3	<input type="checkbox"/> WC <input type="checkbox"/> PSI
						PSI	PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI
						PSI	PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI
						PSI	PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI

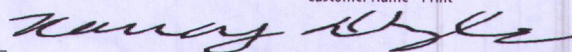
Performed Sniff Test Y N Comments _____

Disclaimer: This inspection covers gas equipment and appliances visible and readily 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 workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

I, Property Owner Tenant Authorized Representative, **acknowledge** that the individual performing the propane safety review informed me of the procedure and the outcome of the review; what was covered by the review and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system.
I further acknowledge that:
 • I have informed the individual performing the propane safety review of all gas-burning appliances and gas lines on my property.
 • I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the tank.
 • I have smelled the propane gas and can detect its odor.
 • I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity.

In addition, I have been told that certain physical limitations or conditions might prevent me from smelling a gas leak.
 • I have received customer safety information and been told to read it and share it with all family members.
 • I am satisfied with the service work performed.
 • I have been advised to install one or more gas and carbon monoxide detectors listed by Underwriters Laboratories (UL) as an additional measure of safety.
I have been provided the following additional safety materials:
 Propane Safety Booklet (PRC-005606 or PRC-101063)
 Important Propane Safety Information Brochure (PRC-003121 or PRC-101062)
 Carbon Monoxide Brochure (PRC-000075)

Donny Pruitt
 Service Technician Name - Print

 Service Technician Signature
 12/15/2025
 Date

NANCY DOYLE
 Customer Name - Print

 Customer Signature
 12/15/2025
 Date