

Fill in this information to identify the case:

Debtor 1 Hometown Buffet, Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Northern District of Texas, Dallas Division
Case number 21-30724-sgj11

E-Filed on 05/10/2021
Claim # 55

Official Form 410 Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	
<u>City Plumbing</u> Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor <u>Nelson City Plumbing</u>	
2. Has this claim been acquired from someone else?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?
	Where should payments to the creditor be sent? (if different)
<u>Nelson Blakeman</u> Name	_____ Name
<u>3498 W Ashcroft Ave</u> Number Street	_____ Number Street
<u>Fresno</u> <u>CA</u> <u>93722</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>(559) 408-9019</u>	Contact phone _____
Contact email <u>nelson@cityplumbing.net</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 19,586.65. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/10/2021
MM / DD / YYYY

Nelson Blakeman

Signature

Print the name of the person who is completing and signing this claim:

Name Nelson Blakeman
First name Middle name Last name

Title Owner

Company City Plumbing
Identify the corporate servicer as the company if the authorized agent is a servicer.

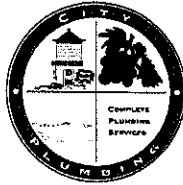
Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - 20210510084313571.pdf

Description -



Date: _____
Address: _____
Project: _____
Attention: _____

CITY PLUMBING
CA State License #929205
559-408-9019 Office
559-275-7918 Fax

Contract and payment agreement for the following proposed work:

As stated below: A monthly periodic finance charge of 2% will be added on any balance not paid after 30 days of completion.

All of the above work is to be completed in a professional and timely manner according to standard practices for the sum of:

Payment shall be as follows \$		upon receipt of this request.	(Not to exceed 10%)
1 st progress payment	% \$	upon a completion of	
2 nd progress payment	% \$	upon a completion of	
3 rd progress payment	% \$	upon a completion of	
Final payment of	% \$		

A monthly periodic finance charge of 2 % will be added on any balance not paid after 30 days of completion.

Any alteration or deviation from the plans or specifications involving extra cost of material, labor or equipment will only be executed upon written orders (Change Order) for the same and will include in writing any extra charge over the sum agreed on in this contract and will be signed by contractor and contract holder.

ALL AGREEMENTS MUST BE IN WRITING

Contractors are required to be licensed and regulated by the contractor's State License Board. Any question concerning the contractor may be referred to the register of the board at: Contractor's State License Board, 9821 Business park Drive, Sacramento, CA 95827-1703

NOTICE TO OWNER

Under the Merchandise Lien Law, any Contractor, Subcontractor, labor, Material man or other person who helps to improve your property and is not paid for his labor, services or materials, has the right to enforce his claim against your property. Under the law, you may protect yourself against such claims by filing, before commencing such work of improvement, an original contract for the work of improvement or modification thereof, in the office of the county recorder of the county where the property is situated and requiring that a contractor's payment bond be recorded in such office. Said bond shall be in an amount not less than fifty percent (50%) of the contract price and shall, in addition to any conditions for performance of the contract, be condition for the payment in full of the claims of all person furnishing labor, services, equipment, or materials for the work described in the contract.

ACCEPTANCE

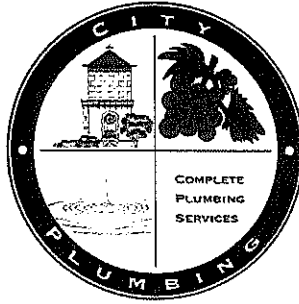
You are hereby authorized to furnish all materials and labor required to complete the work in the above proposal, for which I/we agree to pay the amount stated in the said proposal and to the terms thereof.

Accepted _____ Date _____

WAIVER OF RIGHT TO CANCEL: I am the buyer in this transaction, which is a contract initiated by me in connection with the making of emergency or immediate or necessity repairs or services that are necessary for the immediate protection of persons or real or personal property. I have been fully informed my right to cancel this transaction without any obligation within three-days of the signing of the agreement (or seven-days for the repair or restoration of residential repair of premises damaged by a disaster).

Buyers Signature _____ Date _____

CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-275-7918 Fax
 CA State Lic # 920205

Invoice # 27411
 Project Address: 3617 W Snow ave
 City: Burns Zip: 93711
 Phone: 271-1927

Date 2/16/17
 Attn: Home from Buffet
David
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water supply line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

w/h temperature issue circuit valve need to replace
w/filter 1" copper line 90" ^{1/2}

Work Completed:

<u>1 1/2 Pro flow inline brass</u>	<u>275.00</u>
<u>Re-rune 3/4 GYUN OFCS UP #542 F</u>	<u>975.00</u>
<u>Repair 1" copper line leak</u>	<u>225.00</u>

Unit still needs boiler service. All other issues
have been repaired or replaced.

Warranty

Yes No

90 days on parts replaced.

Original Estimate or Authorization Amount	\$ <u>1475.00</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Waived <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$ <u>0</u>
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ <u>1475.00</u>

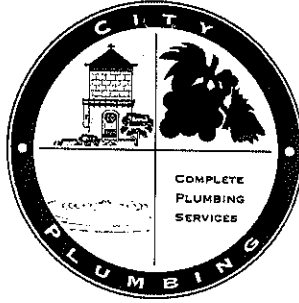
Dispatch Number: David Time Arrived: _____ Time Completed: _____
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction

Signature: Ch. David Date: 2/17/17

Technician Name: Roman

CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 29527

Date 5/2/17

Project Address: 3744 N Bluestone

Attn: Hometown Buffet

City: Fresno Ca Zip: 93726

Rosa

Phone: (559) 221-0444

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input checked="" type="checkbox"/> Other |

Boiler

Diagnosis and Recommendations: 04/2011

w/ H not working. Both boilers will not fire

Separate invoice for replacement parts to be submitted. Recommend replacing both air pumps & switch assemblies, will order for overnight delivery

Work Completed:

Serviced air pumps, filtration system, air switch & igniter assembly

Warranty

Yes No

Parts on order if needed on future service

Original Estimate or Authorization Amount	\$ 325.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ 325.00

Dispatch Number: Retail Time Arrived: 2:30 Time Completed: 5:30

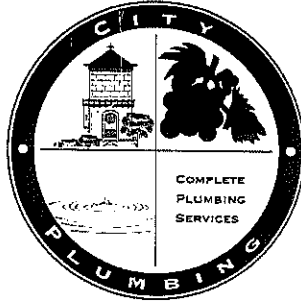
Authorization Number: _____ Authorized by (name): _____

R S/N: URLN0809600887 M/N: GN100-4004 psi 399 900 BTU
L URLN0411600937 GN100-400 100 gallon

Job Completed to Customer Satisfaction Signature: [Signature] Date: _____

Technician Name: Rendon

CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

3744 N. Blackstone

Invoice # 31537

Date 9-5-17

Project Address: Hometown Buffet

Attn: Retail

City: Fresno

Zip: 93726

Phone: _____

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Replace 1 1/2 ball valve
 by Dining area.

Replace. Supply and drain manifold,
 under serving table in Dining area.

Work Completed: Installed New Supply Drain Manifold
 connecting to exist half in supply and installing 1/2 ball valve
 then adapting to 3/4 with New Ball valve and new
 Drain line into Floor Sinks.

Installed 1/2 ball valve for supply to Backflow prevented
 Device Near Kitchen in Dining area. Rebuilt ~~Backflow~~ Device.

Rebuilt existing Backflow Device.

Warranty

Yes No

30 Day

Original Estimate or Authorization Amount	\$ <u>700</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ <u>700.00</u>

Dispatch Number: Retail #20310 Time Arrived: 7:00 / 9:30 Time Completed: 12:00 / 1:00

Authorization Number: _____ Authorized by (name): _____

S/N: _____ M/N: _____ psi _____

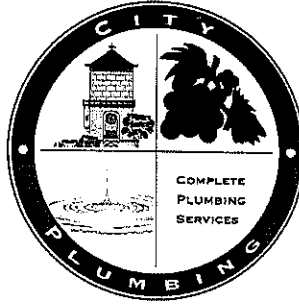
Job Completed to Customer Satisfaction

Signature: _____

Date: _____

Technician Name: Robert

CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 33220

Date 11/28/17

Project Address: 1804 S machery blvd

Attn: Home town Bullbar

City: Visalia CA Zip: 93277

Phone: _____

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Woman Back of the House w/c stoppages
Discovered mainline 3/4 copper pipe leak 10 feet of pipe went
to replace with 3 inch Adapter 8" 90 3/4. One union
2" copper drain rusted under machine was to replace

Work Completed:

Snake w/r w/c to clear stoppages Pull Paper Towels
Back of the House

Repair 3/4 water leak at dishwasher machine

Repair 2" copper drain at dishwasher machine with 2" 90

2-5 feet of pipe 2" copper

locate leak at front of beverage bar

Warranty

Yes No

Bill in for payment

Original Estimate or Authorization Amount	Labor	\$ 300.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # <u>Tri</u>		\$ 75
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	Parts	\$ 343.725
Final/Total		\$ 718.725

Dispatch Number: 90787388-1685592 Time Arrived: 9:00 Time Completed: 4:30

Authorization Number: _____ Authorized by (name): _____

S/N: _____ M/N: _____ psi _____

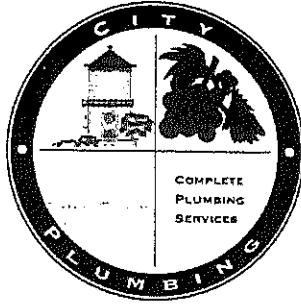
Job Completed to Customer Satisfaction

Signature: [Handwritten Signature]

Date: 11/29/17

Technician Name: [Handwritten Name]

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 33765

Project Address: 3617 W Snow #0269
 City: Fresno Ca Zip: 93711
 Phone: 271-1927

Date: 12/20
 Attn: Marianda
Home town Buffet
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input checked="" type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc. line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: w/h issue

HAP.com

Work Completed: F-13 code fan issue #107858

Replace fan of a/c unit is not working need
order this fan thru HAP Tuesday or Wednesday

Warranty

Yes No 30 day Part #100P-015 (mat ek fan) Completed 12/23
JHG 800 493 8432
510 434-3144

Original Estimate or Authorization Amount	\$ <u>275.00</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ <u>275.00</u>

Dispatch Number: _____ Time Arrived: 2:55 Time Completed: 5:00

Authorization Number: _____ Authorized by (name): _____

S/N: AZP203951 M/N: PH199-559A psi 55/2000

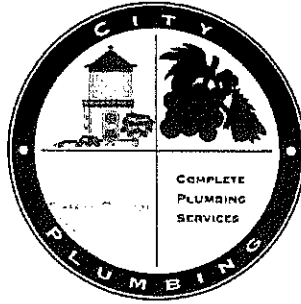
Job Completed to Customer Satisfaction

Signature: Marianda

Date: _____

Ramon

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 34582
 Project Address: 3617 W Shaw
 City: Fresno CA Zip: 93711
 Phone: 516-500-7776 Logan

Date: 2/15/18
 Attn: Hometown Buffet
 email: logan@5162003363

- | | | | | |
|-----------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input checked="" type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water supply line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Hydro Jet floor drain dishwasher floor
Broken faucet
Leaking faucets
Storage

Work Completed:

Hydro Jet 4" drain to Dishwasher floor drain to clear
blockage @ 225
4 compartment sink replace worn faucet on first compartment
to stop water leak @ 350 part
spray at dishwasher side @ 45.25
Fisher stems 2 at 3rd compartment @ 18.25 ea x 2 = 36.50

Warranty

Yes No 30 day 145052480 (11508 #

Original Estimate or Authorization Amount	HydroJet	\$ 625.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	Part	\$ 432.05
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	labor	\$ 193
Final/Total		\$ 812.05

Dispatch Number: 1685592-94661215 Time Arrived: 11:24 Time Completed: 4:00

Authorization Number: _____ Authorized by (name): _____

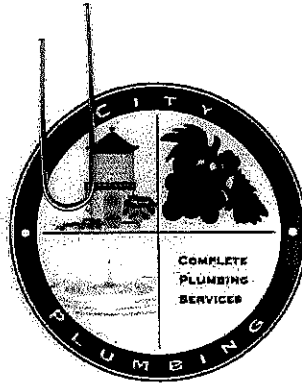
S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction

Signature: [Signature] Date: 2-15-18

Ramon

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 34791
 Project Address: 1804 S mooney Blvd
 City: Visalia Zip: 93291
 Phone: _____

Date 2-27-18
 Attn: Derrick or David
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

1 Floor Drain clog on kitchen.
1 Floor Drain clog on Dishwasher
1 Floor Drain clog on Sink Drain

Work Completed:

Snake will not Pass TURN need to
HydroFlush Drain. will come back with
Hydro or smaller snake.

Completed on invoice 34795

Warranty

Yes No

Continuation

Original Estimate or Authorization Amount	\$	<u>SEE 34795</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$	
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$	
Final/Total	\$	<u>2</u>

Dispatch Number: 95055626 Time Arrived: 5:55 Time Completed: 7:00
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Justin / Sal

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 34828
 Project Address: 1804 S mooner
 City: Visalia Zip: 93277
 Phone: 733-3600

Date 3-8-18
 Attn: Home town Buffet
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input checked="" type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svr. line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Found multiple leak on
cooper pipe hot side and cold
side water heater

Work Completed:

Install igniter Bradford white
water heater

Left Extra igniter at manager for
back up for future.

Warranty

Yes No 30 days

Original Estimate or Authorization Amount: <u>Special order part</u>	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check#	\$ <u>750.00</u>
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ <u>750.00</u>

Dispatch Number: 95342175 Time Arrived: 3:05 Time Completed: 5:05
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi _____

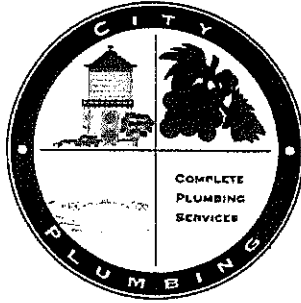
Job Completed to Customer Satisfaction

Signature: [Signature]

Date: 3-8-18

Sai

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 34834
 Project Address: 3744 n Blackstone Date 3-12-18
 City: Fresno Zip: 93726 Attn: Home town Buffet
 Phone: _____ email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svr. line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

women bathroom Handicap Flush valve Leaking
water also middle bathroom too.
man's bathroom 2 toilet Leaking water
from Flush valve also handicap Leaking
water from wax-o-Ring. \$950.00

Work Completed:

Submit a Proposal on Complet valve
and 1 Just Rebuilds.
\$750.00

Pin # 1685592 O# 95523624 -complete on inv 35217

Warranty
 Yes No

Original Estimate or Authorization Amount	Order stem 3/4 Britn v. cap for #175 PARTS	\$ 512.25
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	10611	\$ 240
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes		\$
Final/Total		\$ 752.25

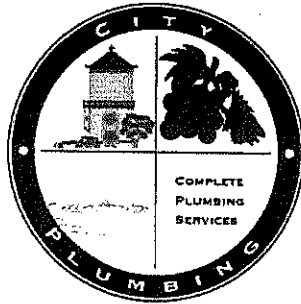
Dispatch Number: _____ Time Arrived: 4:44 Time Completed: 5:30
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi

Job Completed to Customer Satisfaction

Signature: Cherita Pratt Date: 3-12-18

Sol

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 34928
 Project Address: 1801 S Monroe
 City: Visalia CA Zip: 93277
 Phone: 733 3660

Date 3/14/18
 Attn: Home town Buffet 40747
lowe's
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc. line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: Bradford White maxium series
Vent-blower not working
Set Point Temp - sensor not working to 205°F Rev
cos16 temperature (233-82054-00) #1rait
K/floor drain stoppage
Temp - find rinse is broken

Work Completed: (2654892200) # Blower vent #
clean jet at dishwasher machine #95
snake floor drain to clear stoppage plastic
come back with snake #175
installed w/ floor and tempature switch
rebuilt sink drain

Warranty
 Yes No 90 days

Original Estimate or Authorization Amount	\$ 920.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes <u>parts #</u>	\$
Final/Total	\$ 920.00

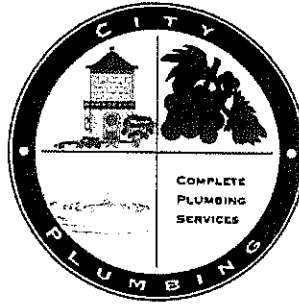
Dispatch Number: 1685592 95745198 Time Arrived: 11:00 Time Completed: 2:00

Authorization Number: _____ Authorized by (name): _____
 S/N: 2 #10925855 M/N: EF60T199C 7N2 psi 22; 6/4/14
199999Btu

Job Completed to Customer Satisfaction Signature: [Signature] Date: 3-4-18

[Signature]

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-283-8846 Fax
 CA State Lic # 929205

Invoice # 37613
 Project Address: 1804 S mooney
 City: Visalia Ca Zip: 93277
 Phone: _____

Date 6/13/18
 Attn: Home town Bldg
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input checked="" type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: Faucet leaking
Kitchen floor drain
dish drain pot and pans
bakers HOSE leaking

Work Completed:

Replace hose to bakers zone to stop water
leak @ parts 145
Snake kitchen floor drain to clear stoppage and
back restore back @ 75 x 2 = 150
Snake dish - drain full back restore
Free snipe fisher @ 1500 @ 38 ea x 2 = 76

Warranty

Yes No 30 day labor @ 150

Original Estimate or Authorization Amount	\$ 520.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ 520.00

Dispatch Number: 1685592-9979113 Time Arrived: 3:40 Time Completed: 5:30

Authorization Number: _____ Authorized by (name): _____

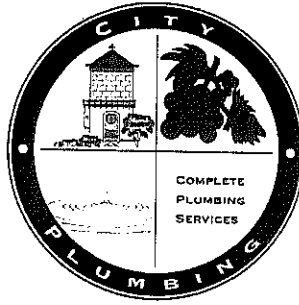
S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction

Signature: [Signature] Date: _____

Ramon

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 40157
 Project Address: 3744 N Blackstone
 City: Fresno CA Zip: 93726
 Phone: 221-0444

Date 9/25/18
 Attn: Rosa
Hometown Buffet
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: Stoppage Back of the house
main
Dish washer drain

Work Completed:

Broke dish washer machine floor drain to clear
stoppage pull back plaster cover
Snake 4" floor drain pans and pan drain to clean to remove
pull back Hair, Plastic,

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

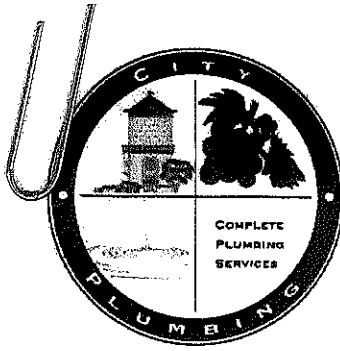
Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$ <u>250</u>
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total <u>Emergency Call</u> <u>David with send with order</u>	\$ <u>250.00</u>

Dispatch Number: _____ Time Arrived: 02:00 Time Completed: 3:00
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: [Signature] Date: 9-25-18

Technician Name: Ramon Warranty Yes No 30 Days

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 44776

Date 4-18-19

Project Address: 3744 N Blackstone Ave

Attn: _____

City: Fresno Zip: 93726

Retail

Phone: 221-0444 / 696-4778

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Rheem / Commercial water heater / 100 gallon / Not turning on.
code (7) Bad Damper + Bad Damper motor.
Ignitor

Work Completed:

Have to order parts from manufacturer / not available locally.

Damper Motor part # AP13798

Ignitor part # SP12596B

Completed on 04/23

Parts on Order Confirmation / Tracking #: _____ Ordered By: #15130

Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$

Dispatch Number: Retail Time Arrived: 12:40 Time Completed: 2:00

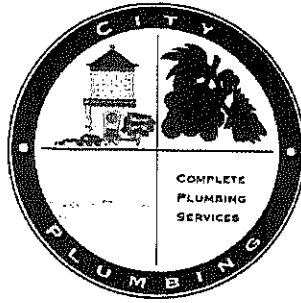
Authorization Number: _____ Authorized by (name): _____

S/N: URLN0809600887 M/N: GN-100-400A psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: Daniel Warranty Yes No

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 45013

Date 4/20/19

Project Address: 1804 S mooney Blvd

Attn: Hodame town Buffet

City: Visalia CA zip: 93277

Phone: 733-3660

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: A/c unit leaking water from drip

- ① you need a/c condenser out to repair this unit
- map sink w/ mount faucet leaking gasket onny
- 2nd sink faucet handles broken and oven sink
- ② women Restroom delta faucets handle off men's Restroom
handles of

Work Completed: Replace gasket and wings to stop water leak
Reset handles w/ r and m/r -
Replace two handles to Fisher faucets stems
A/c issue not plumbing issue

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$ 185.00
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ 185.00

Dispatch Number: 116178896 Time Arrived: 2:18 Time Completed: 2:18

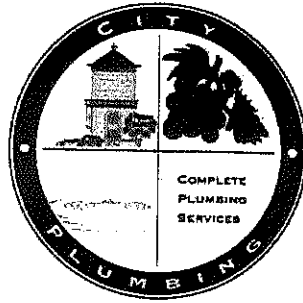
Authorization Number: _____ Authorized by (name): _____

S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: [Signature] Date: 4-20-19

Technician Name: Ramon Warranty Yes No 60 Days

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 46700

Project Address: 1404 S Mooney

City: Ukiah Zip: _____

Phone: Home town buffet

Attn: Home town Date: 7/6/19

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input checked="" type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Needs new sprayer hose for industrial kitchen sink

and 2 in copper repair to dishwasher (see pics)

Installed hose for kitchen sink

Repaired 2 in copper drain line 3rd

Made copper repair water coverage center 90

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$ 375.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ 375.00

Dispatch Number: Home town Retail Time Arrived: 10:30 Time Completed: 12:00

Authorization Number: _____ Authorized by (name): _____

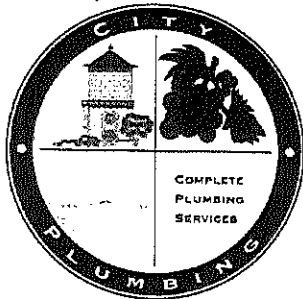
S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: James Warranty Yes No 60 days

* Need to go back to the main yall
Unites 1/2"

NCP, INC.
CITY PLUMBING
3498 W. Ashcroft Avenue
Fresno, CA 93722



559-408-9019 Office
559-573-7653 Fax
CA State Lic # 929205

TPD or Post

Invoice # 48076

Date 9/12/19

Project Address: 3617 W Shaw ave

Attn: Hometown Buffet

City: Fresno CA Zip: 9374

Phone: 271-1927

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: No Hot water in Employee Mens Bathroom
P-Trap Leaking In Dishwash Area stem bad In kitchen cooking Area
(Fisher's) By Kettles
Faucet Nut to Grill O-ring bad Also O-ring bad on Swing Arm
Drain Leaking In Employee Mens Bathroom of faucet by Kettles
As well

Work Completed: Replaced Kohler Hot water cartridge/stem in Employee's
Mens Bathroom / Re-puttyed sink drain In Dishwasher Area
Replaced O-Ring In Fisher faucet by grill
Replaced O-Ring and Stem in Fisher faucet by Kettles
Replaced Nut and Two washers In Drain In Mens Bathroom
Replace ball valve to stop water leak (Employee's)
Parts \$ 335 labor 262.50 Replace passing nut to 3 ball valve
to stop water leak

Parts on Order Confirmation / Tracking #: _____ Ordered By: to stop water leak

Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$ <u>597.50</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total <u>Bill for Payment</u>	\$ <u>597.50</u>

Dispatch Number: Detail Time Arrived: 7:10:00 Time Completed: 12:30

Authorization Number: _____ Authorized by (name): _____

S/N: _____ M/N: _____ psi _____

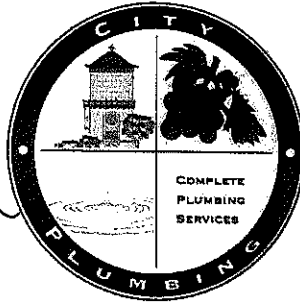
Job Completed to Customer Satisfaction Signature: [Signature] Date: X

Technician Name: Ramon Bay Warranty Yes No

Complete on 9/23

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722

*HOMETOWN
 VISALIA*



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 48694
 Project Address: 1804 S - Mauney
 City: Visalia Zip: 93277
 Phone: _____

Date: 10-21-19
 Attn: Home town Buffet
Retail
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water meter |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water softener |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

* Mens restroom (R) urinal slow drain
 * Womens restroom Handicap stall toilet handle broken
(Flush valve.)

Work Completed:

* Snaked urinal pulled back small bottle cap.
 * Pulled toilet to try to retrieve stuck item - no luck.
 * Replaced handle at womens toilet.

Have to return with either Sizzle and or new urinals

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$ <u>120.00</u>
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$ _____
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$ _____
Final/Total	\$ <u>220.00</u>

Dispatch Number: Retail Time Arrived: _____ Time Completed: _____

Authorization Number: _____ Authorized by (name): _____

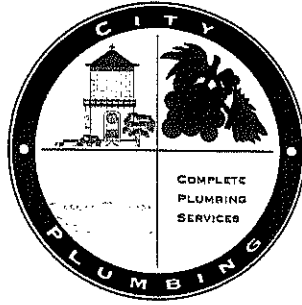
S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: [Signature] Date: 10-21-19

Technician Name: Daniel Warranty: Yes No Unable to clear

Complete 10/30/19 have to submit bid to replace urinal!

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 50758

Date 12/23/19

Project Address: Home town

Attn: David

City: WVPCLE Zip: _____

Phone: 696-4778

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closer |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water softener |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations: 100 gal Bradford white water heater
leaks (error code 64) (electrical failure)
Need to contact Bradford white and
order parts

part # 233-46954-00

Work Completed:

4 trips. Parts ordered - Valve turned off -

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: Bradford White ETA: _____

Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$

Dispatch Number: _____ Time Arrived: _____ Time Completed: _____

Authorization Number: _____ Authorized by (name): _____

S/N: LA18556438 M/N: EF100T300E3NA2 psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: James Warranty Yes No

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

50553

Invoice # _____
 Project Address: 1804 S Mooney Blvd
 City: Visalia Zip: 93277

Date 12-24-19
 Attn: Hometown Buffet
Retail

Phone: _____

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Unit has Error code (64) (New water heater)
EF Series 100 (Ferguson's Blackstone Duke Quote)

(NO Bradford instock) A.O. Smith \$9117.21 instock now

Tech Service (800) 538-2020 (Bradford White) New water heater

Pace Supply 888-583-8137
State \$7476 *There's done now*

Work Completed:

Have to call Bradford White when they are open to have part ordered.

Ignitor Mother Board

Part # 265-46481-00 part # 233-46954-00

1 part needs to pick up @ Ferg (main store)

Parts on Order Confirmation / Tracking #: _____ Ordered By: Daniel

Date Ordered: 12-26-19 Ordered From: Ferguson ETA: 12/27/19 ✓

Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$

Dispatch Number: Retail Time Arrived: 12:00 Time Completed: 12:35

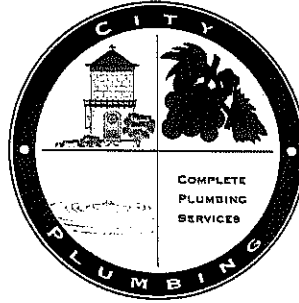
Authorization Number: _____ Authorized by (name): _____

S/N: KG18556438 M/N: EF100T300E3NA2 psi

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: Daniel Warranty Yes No

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 50814
 Project Address: 1804 South Moore
 City: Visalia Zip: 93277
 Phone: 696-4778

Date 12-28-19
 Attn: Home Town Buffet
David
 email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input checked="" type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water svc line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

No Hot Water at Any Location in Building.

Work Completed:

Found Valve Was Turned Off, Turned on water is now flowing

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

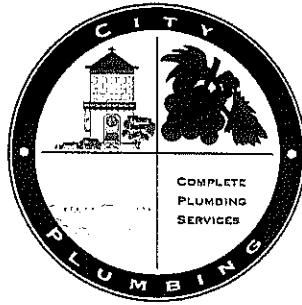
Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not-Due <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$

Dispatch Number: Retail Time Arrived: 2:11 Time Completed: 3:24
 Authorization Number: _____ Authorized by (name): _____
 S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: David Warranty Yes No

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 50818

Project Address: _____

City: Visalia Zip: _____

Phone: _____

Date 12-30-19

Attn: Home Town Buffett

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input checked="" type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water supply line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

Water Heater not working.

SEE 50758-50553-50814

Work Completed:

Replaced Control Module also Ignitor. Unit would not work. Tested unit, contacted Tech Support. Check all wiring. Found Temp Sensor wires Rotted away. Also found pressure switch wires. Rotted harness and sensor with switch all need to be replaced. Also Ignition sensor, flame sensor wires Rotted. 4 Trips to correct (diagnose + order - Valve off - diagnosis + repair)

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____

Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$ 1272.00
Payment: <input type="checkbox"/> Pre-paid <input type="checkbox"/> Not Due <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total <u>less (adjustment in shipping)</u>	\$ <u>1225.00</u>

Dispatch Number: Retail Time Arrived: 10:32 Time Completed: 4:15

Authorization Number: _____ Authorized by (name): _____

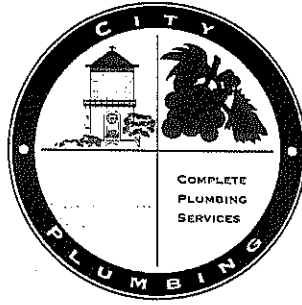
S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: _____ Date: _____

Technician Name: David Warranty Yes No 90 days

will bill for billing - 90 days

NCP, INC.
CITY PLUMBING
 3498 W. Ashcroft Avenue
 Fresno, CA 93722



559-408-9019 Office
 559-573-7653 Fax
 CA State Lic # 929205

Invoice # 52300

Date 3-10-20

Project Address: 3744 W Blackstone

Attn: Retail

City: Fresno CA Zip: 93716

HomeTown Buffet

Phone: (559) 221-0444

email: _____

- | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Airgap | <input type="checkbox"/> Codes | <input type="checkbox"/> Leak | <input type="checkbox"/> Slab leak | <input type="checkbox"/> Tub |
| <input type="checkbox"/> Auger | <input type="checkbox"/> Disposer | <input type="checkbox"/> Leak detection | <input type="checkbox"/> Stoppage | <input type="checkbox"/> Valve |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Faucet | <input type="checkbox"/> Mainline | <input type="checkbox"/> T & P | <input type="checkbox"/> Water closet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Hydroflush | <input type="checkbox"/> PRV | <input type="checkbox"/> Tankless wtr htr | <input type="checkbox"/> Water heater |
| <input type="checkbox"/> Camera | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Re-pipe | <input type="checkbox"/> Thermocouple | <input type="checkbox"/> Water supply line |
| <input type="checkbox"/> Cleanout | <input type="checkbox"/> Laundry | <input type="checkbox"/> Shower | <input type="checkbox"/> Trenchless | <input type="checkbox"/> Other |

Diagnosis and Recommendations:

dishroom drains backing up

Work Completed: snake drain to clean the line
take off plastic bags, line is clean

Parts on Order Confirmation / Tracking #: _____ Ordered By: _____
 Date Ordered: _____ Ordered From: _____ ETA: _____

Original Estimate or Authorization Amount	\$
Payment: <input type="checkbox"/> Pre-paid <input checked="" type="checkbox"/> Not Due <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Not Collected <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	\$
<input type="checkbox"/> Progress <input type="checkbox"/> Additional <input type="checkbox"/> Codes	\$
Final/Total	\$ <u>125.00</u>

Dispatch Number: Retail Time Arrived: 2:00 Time Completed: 3:15

Authorization Number: _____ Authorized by (name): _____

S/N: _____ M/N: _____ psi _____

Job Completed to Customer Satisfaction Signature: [Signature] Date: 3-10-20

Technician Name: Danie, Jorge Warranty Yes No Objects in line. Not normal
wear + tear usage