



Subrogation Department

1310 Martin Luther King Drive | P.O. Box 3068 | Bloomington, IL 61702-3068
Phone 888-767-2361 | Fax 309-820-2626

March 30, 2015

CITY OF WEST ALLIS
CITY ATTORNEY'S OFFICE
7525 WEST GREENFIELD AVENUE
WEST ALLIS, WI 53214

RECEIVED
APR 02 2015
WEST ALLIS
CITY ATTORNEY

RE: Our File # 1274071
Insured: DAVID STANBRO
AMERICAN FAMILY INSURANCE Claim # 00-225-104955
Your Claim # NOT ASSIGNED
Your Insured: CITY OF WEST ALLIS
Date of Loss: 2/21/2015
Amount Claimed: \$4,275.52 (includes \$1000 deductible)

To City Attorney's Office:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss. The facts of the incident indicate your insured is liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of this loss.

This is in regard to damage that occurred on 2-21-2015 at the Stanbro property, located at 1002 S. 97th Street in West Allis, Wisconsin.

It is our understanding a City pipe / hydrant failed, causing water damage to the property crawl space and the water heater and furnace.

Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to:

**Afni – Subrogation Department
P.O. Box 3068
Bloomington, IL 61702-3068**

Should you have any questions, please feel free to contact me at 888-767-2361.

Sincerely,

Ellen Schroeder

ELLEN SCHROEDER, AIC, AIS
Subrogation Specialist
Extension 3172
ellenschroeder@afni.com

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Clm: 00-225-104955 / STANBRO, DAVID J DOL: 02/21/2015 Policy: 48XT5161-01 Status: Open

Claim 00-225-104955 - Financials

[Overview](#) | [Documents/Images](#) | [Financials](#) | [Activity Record](#) | [Notes](#)

[Financials Summary](#) | [Medical Bill List](#)

Financials Summary & Transactions

[View Perils & Reserves](#) | [View Loss Payment - Perils Breakout](#)

[Printable Version](#) 

Loss Paid-to-Date: \$3,275.52 **Expense Paid-to-Date: \$0.00**

Filtered by: No filter applied. All items displayed.

Loss Payments: \$3,275.52	Loss Credits: \$0.00	Expense Payments: \$0.00	Expense Credits: \$0.00
Claim: \$3,275.52	Claim: \$0.00	Legal: \$0.00	Legal: \$0.00
Salvage: \$0.00	Salvage: \$0.00	Medical: \$0.00	Medical: \$0.00
Subrogation: \$0.00	Subrogation: \$0.00	Other: \$0.00	Other: \$0.00

Display By: Chronological Order Transaction Party

Displaying 1 - 1 of 1 item.

Trans Date	Trans #	Transaction	Method	Pay To/Payor	Party - Peril	Amount	Trans Status
03/02/2015	0022262905	Payment - Loss - Claim	Check	DAVID STANBRO	STANBRO, DAVID J WATER DAMAGE (1AQ): \$3,275.52	\$3,275.52	Issued

Displaying 1 - 1 of 1 item.

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Claim: \$3,275.52	Claim: \$0.00	Legal: \$0.00	Legal: \$0.00
Salvage: \$0.00	Salvage: \$0.00	Medical: \$0.00	Medical: \$0.00
Subrogation: \$0.00	Subrogation: \$0.00	Other: \$0.00	Other: \$0.00

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Displaying 1 - 1 of 1 item.

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Displaying 1 - 1 of 1 item.

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Clm: 00-225-104955 / STANBRO, DAVID J DOL: 02/21/2015 Policy: 48XT5161-01 Status: Open

View Perils & Reserves

[Return to Claim Overview](#)

[Expand All](#) | [Collapse All](#)

STANBRO, DAVID J / Policyholder

Peril	Status	Reserve	Network Provider	Total Paid	Credit	Last Activity	Action
WATER DAMAGE (1AQ)	Closed	\$0.00		\$3,275.52	\$0.00	03/02/2015	View Peril History
WATER DAMAGE (1CQ)	Closed	\$0.00		\$0.00	\$0.00	03/02/2015	View Peril History

[Return to Claim Overview](#)

Build ICSCP 9.1 (2015-01-19_16-14-59) | Claims | SDS047 | Current 2015-03-06 22:40:21 CST | Server papp032.amfam.com
© 2005-2015 American Family Mutual Insurance Company All rights reserved. [Internal use information.](#) | [I/S Service Desk](#)



March 02, 2015

Claims Scanning Center
6000 American Parkway
Madison, WI 53783-0001
Ph: 800-692-6326 Ext. 21211
rstaszak@amfam.com Fax: 866-585-2786

David Stanbro
20133 Wasatch Mountain Ln.
Bend, OR 97702

Claim Number: 00-225-104955
Date of Loss: 2/21/2015

The attached estimate of damages has been prepared for your property. The estimate has used common prices for labor and material from your area.

Enclosed is our draft for the actual cash value of your damaged property. For Dwelling and Structure damages, we may have included your mortgage company, **Wells Fargo**, on the draft as required by your policy.

Summary For Dwelling

Replacement Cost Value	Less Recoverable Depreciation	Less Non Recoverable Depreciation	Actual Cash Value (ACV)
\$3,613.70			\$3,613.70
Less Deductible			(\$1,000.00)
Total ACV Settlement			\$2,613.70

See the enclosed estimate for details of your settlement which may include other itemized details not shown above.

Depending on the type of policy listed below, if an amount is shown in the Recoverable Depreciation column, you may make a claim under the Replacement Cost provisions of the policy by:

Commercial Policies:

1. Replacing or Repairing the damaged items as soon as reasonably possible.
2. You must submit a final bill or purchase receipt showing the item(s) has been repaired or replaced.

Farm/Ranch Policies:

1. You must have the item(s) replaced or repaired within one year from your date of loss. *Exception: For Washington policies ONLY - Please refer to your policy language as well as the section of this estimate titled Claiming Recoverable Depreciation following the Estimate Recap or Coverage Limit Details sections.
2. You must submit a final repair bill or purchase receipt showing the item(s) has been repaired or replaced.

Some items may not be eligible for Replacement Cost coverage. Dependent on your type of policy, other conditions may also apply. Please refer to your policy under either Valuation of Covered Property or Optional Coverages; Replacement Cost. For Farm/Ranch policies, please refer to the specific Dwelling Form and/or Farm Outbuilding Replacement Cost Coverage Endorsement, if applicable.

The attached estimate is what we expect to be the reasonable cost to repair or replace the property. This estimate may not include permit fees. If total charges for repair/replacement plus permits exceed the amount shown here for that



repair/replacement, prior to any deductible, then additional amounts may be payable. If the actual cost is more or less, the final payment will be adjusted accordingly. If you wish, you may repair or replace with higher quality items, however, you will be responsible for any increase in cost.

Please present this estimate to a contractor or repair facility of your choice BEFORE you authorize the start of repairs. We will not accept any supplements for damage unless they have had prior approval by a representative of American Family Insurance. If you, your contractor, or repair facility have any questions, please contact us at (800) 692-6326 x 21211.

American Family Insurance appreciates your business.

Thank You,
Ryan Staszak



American Family Insurance Group

Insured: David Stanbro
1002 S 97th St.
West Allis, WI 53214

Phone: (541) 318-8130

Claim Rep.: Ryan Staszak
Estimator: Ryan Staszak

Claim Number: 00-225-104955

Policy Number: 48XT5161-01

Type of Loss: Water/Plumbing

Coverage	Deductible	Policy Limit
Dwelling	\$1,000.00	\$147,232.00
Other Structures	\$0.00	\$0.00
Contents	\$0.00	\$0.00

Date Contacted: 2/23/2015 4:30 PM

Date of Loss: 2/21/2015 6:00 PM

Price List: WIMW8X_FEB15
Restoration/Service/Remodel

Sales Taxes:	Material Sales Tax	@	5.600%
	Services Mat'l Tax	@	5.600%
	Service Sales Tax	@	5.600%
	Manuf. Home Tax	@	5.600%
	Storage Tax	@	5.600%



Estimate Recap For Dwelling

Description	RCV	Recoverable Depreciation	Non-recoverable Depreciation	ACV
STANBRO	3,613.70	0.00	0.00	3,613.70
	3,613.70	0.00	0.00	3,613.70

IMPORTANT - Please read the definitions below

What is replacement cost (RCV)?

Replacement cost is the cost to repair the damaged item with an item of like kind and quality, without deduction for depreciation.

What is depreciation?

Depreciation is the amount deducted from the replacement cost based upon the age and condition of the item being replaced.

What is actual cash value (ACV)?

Actual cash value is based on the cost to repair or replace the damaged item with an item of like kind and quality, less depreciation.

The Actual Cash Value (ACV) is based on an item's: **Age divided by normal Useful life**, unless otherwise noted. Deviation from **Age divided by normal Useful life** is common due to inspection evaluation, condition of the item, obsolescence, product research, expert opinions, utility/functional value, market value and in some cases all or some of the above. The definitions listed above are meant to aid in the understanding of this estimate only. For further information on RCV, ACV and depreciation, please contact your claim representative.

Physical mail you submit: American Family Insurance appreciates your assistance in the handling of your claim. Any documentation you submit will be scanned and electronically retained in your claim file. Please include the claim number on the items submitted. The original documentation will be destroyed after 30 days. If you would like your documents returned, please indicate this on the documents and provide the address to which you would like the documents returned.

E-mail: My goal is to provide outstanding customer service. If you choose to use e-mail to communicate with me regarding your claim, please be sure to include your name and claim number on the subject line. Please forward any e-mail correspondence regarding your claim to the e-mail address listed below. Thank you for being our customer.

E-mail: rstaszak@amfam.com

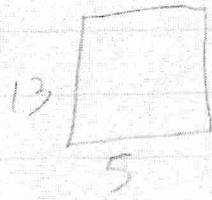


STANBRO
STANBRO

Description	Qty	Unit Price	Taxes	Replacement Cost Total	Depreciation	Actual Cash Value
1a. Remove Water heater - 40 gallon - Gas - 12 yr	1.00 EA	\$43.17	\$0.00	\$43.17	-\$0.00	\$43.17
1b. Replace Water heater - 40 gallon - Gas - 12 yr	1.00 EA	\$953.33	\$32.55	\$985.88	-\$0.00	\$985.88
3a. Remove Furnace - forced air - high efficiency - 75,000 BTU	1.00 EA	\$46.96	\$0.00	\$46.96	-\$0.00	\$46.96
3b. Replace Furnace - forced air - high efficiency - 75,000 BTU	1.00 EA	\$2,451.49	\$86.20	\$2,537.69	-\$0.00	\$2,537.69
Totals			\$118.75	\$3,613.70	-\$0.00	\$3,613.70
			Taxes	Replacement Cost Total	Depreciation	Actual Cash Value
Estimate Totals			\$118.75	\$3,613.70	-\$0.00	\$3,613.70

Water Meter Hydraulic Brake - fixing today
Water Meter
Water Meter - 1/11 civil space

Water Meter
Bellera 6496 # model 640NORS
57 galms
35,000 BCU



Water Meter - Kenmore Model # H8M No 7581381

rough quote \$3300

FROM: Linda Stanbro
To: RSTASZAK@amfam.com
Date Sent: 2/27/2015 4:33:28 PM
Date Received: 2/27/2015 4:34:22 PM
SUBJECT: Re: claim 225-104955

Ryan,

This is the list of expenses and supporting receipts for the lower level water problem.

3850.00 Replace furnace and hot water heater

290. 00 Emergency visit from plumber on a Sunday to attempt to find and stop water flow.

32.52 Rental of pump to keep water level as low as possible until city could come to find and turn off water

103.00 Purchase of 2 heaters to keep house and pipes warm enough to not freeze and damage any additional pipes since there was no heat from furnace.

(77.40) Dinner for night of disaster) (Is that included?)

(100.00) Loss of pay at work due to having to call in during disaster and repairs (again does that count)

ServPro said there was nothing they could or would do. Dirt and floor just needs to dry out. So that's a good thing.

I'm going to have the gas company come out and check both units for safety gas leaks. But I don't think they charge for that.

I'm sending these expenses to the City of West Allis along with a letter of what happened, and I'll keep you informed of their intent. I think it will come from me better.

Contact me if you need anything further.
Thanks, Linda Stanbro



Comfort Air & Refrigeration

P.O. Box 18432 • Milwaukee, WI 53218
office: 414.461.2999 fax: 414.461.4199
email: services@aicomfortair.com

Date 2/24/15 Arrived At _____ am/pm Finished At _____ am/pm
 Mileage _____ Account/Work Order _____
 Customer Linda Stanbio
 Work Location 1192 S 97th St
West Allis, WI 53214
 Job # _____
 Home Phone _____ Work/Cell Phone _____

Equipment Serviced:

Brand/Type _____ Brand/Type _____
 Model# _____ Model# _____
 Serial# _____ Serial# _____
 Filter _____ Belt _____ Filter _____ Belt _____

Type of Call Responding To Replace Furnace & 40 Gallon gas water heater
 Problem Diagnosed and/or Description of Work Performed
Furnace is an 80% 50,000 BTU Ameristar (Trane) w/
10 year warranty 20 year heat exchanger warranty
Water heater is 40 Gallon Rheem w/ 12 year warranty

The following are recommendation to improve the operation and efficiency of your system:

Installed Furnace & water heater

The following is an itemized list of filters/parts that were replaced and/or installed and their cost:

Description	Qty.	Price
		<u>Price Quoted 3550.00</u>
		<u>Paid 3550</u>

Part Warranty: All parts as recorded are warranted as per manufacturer specifications.

Labor Guaranty: The labor charge as recorded here relative to the equipment service as noted, is guaranteed for a period of 30 days. We do not, of course guaranty other parts than those we supply. If repairs later become necessary due to other defective parts, they will be charged separately.

Terms: Due Upon Completion

I have the authority to order the above work and so order as outline above. It is agree that the sell will retain title to any equipment or material furnished until final and complete payment is made, and if settlement is not made as agreed, the sell shall have the right to remove same and the sell will be held harmless for any damages from the removal thereof.

Work has been completed? Yes No (see comments listed above)

CUSTOMER SIGNATURE
[Signature] Date 2/24/15

AUTHORIZED SIGNATURE
[Signature] Date 2/24/15

Technician Angel Rodriguez
Paid by: Check Credit Card Billable

Total Material	\$ _____
Labor	\$ _____
Trip Charge	\$ _____
Subtotal	\$ _____

Sales Tax 5.6% 5.5% \$ _____
Total Amount Due Upon Completion \$ _____



FLAT RATE

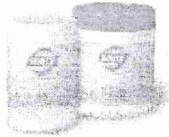
24 HOUR SERVICE

PLUMBING • HEATING • COOLING
SEWER & DRAIN CLEANING

Milwaukee County Waukesha Ozaukee & Washington County Racine & Kenosha County
(414) 258-7711 (262) 789-1830 (262) 552-7200

MAIN OFFICE: 12900 W. NATIONAL AVE., NEW BERLIN, WI 53151
WISCONSIN MASTER PLUMBER'S LICENSE NO. 224535

www.flatrateplumbinginc.com



BIO-CLEAN



CHEMICALS AVAILABLE! ROOT X AND BIO-CLEAN!

Service Work Order

Invoice # 134232

DATE	S.O. #	BILL TABLE
B I L L T O	NAME	Pay Code
	ADDRESS	Office Use
	CITY, STATE, ZIP	
	HOME PHONE ()	WORK PHONE ()
J O B	NAME	
	ADDRESS	
S I T E	CITY, STATE, ZIP	
	HOME PHONE ()	WORK PHONE ()
	EMAIL	

P R O P O S A L	Task #	Premium Rate	Standard Rate	Value Rate
	1			
P R O P O S A L	Task #	Premium Rate	Standard Rate	Value Rate
	2			
D R A I N	Task #	Premium Rate	Standard Rate	Value Rate
	<input type="checkbox"/> Sewer <input type="checkbox"/> Toilet <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Disposal <input type="checkbox"/> Catch Basin <input type="checkbox"/> Sink <input type="checkbox"/> Under floor <input type="checkbox"/> Urinal <input type="checkbox"/> Basin <input type="checkbox"/> Grease Trap <input type="checkbox"/> Bath Tub <input type="checkbox"/> Conductor <input type="checkbox"/> Other _____ SEWER CAMERA OFFERED <input type="checkbox"/> Yes <input type="checkbox"/> No ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No Stoppage At: _____ Total Cable Run: _____ Cable Size: _____ Final Cutter Used: <input type="checkbox"/> Exp <input type="checkbox"/> Shark <input type="checkbox"/> Spade <input type="checkbox"/> Auger Roots: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Other Describe: _____ ROOT-X TREATMENT OFFERED <input type="checkbox"/> Yes <input type="checkbox"/> No ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No Clean Out: <input type="checkbox"/> Slanted <input type="checkbox"/> Vertical <input type="checkbox"/> Stack <input type="checkbox"/> Deck <input type="checkbox"/> Conductor <input type="checkbox"/> Floor Drain <input type="checkbox"/> Trap <input type="checkbox"/> Other Describe: _____			

Please Pay From This Invoice - No Statement Rendered

WORK AUTHORIZATION: Authorization to proceed with above diagnosis / solution - I, the undersigned, am hereby authorized representative / tenant of the premises at which the work mentioned is to be done. I hereby authorize you to perform Diagnosis / Solution and to use drain labor and materials as you deem advisable. If your check, bond or cash you might be liable for 3 times the amount of the check or \$100.00, whichever is more, plus the face value of the check and court costs. I have read and agree to the terms and conditions set forth on the face and reverse side hereof. I hereby authorize you to proceed with the above work. Being now forewarned that aged and deteriorated plumbing fixtures, pipes and appurtenances may no longer be serviceable. I agree to hold Flat Rate Plumbing, Inc. blameless for any damage or destruction as a result of occupational repair efforts. I, the undersigned, hereby agree that, in the event of default in the payment amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorneys fees and court costs included. Flat Rate Plumbing, Inc. further states and owner recognizes that there may be other service providers willing to perform this work at a lower price. Owner understands that she has the option of seeking other bids before authorizing this work. I understand there are no oral agreements. Nothing can be changed unless it is in writing, accepted by me and Flat Rate Plumbing, Inc. on an official Flat Rate Plumbing, Inc. invoice.

Do you want your old parts?

REMOVE SCRAP LEAVE SCRAP

SIGNATURE X _____

WARRANTY NO WARRANTY ON SEWER LATERAL AND/OR BUILDING DRAIN CLEANING UNLESS SEWER CAMERA INSPECTION IS OFFERED, ACCEPTED BY HOMEOWNER AND COMPLETED BY TECHNICIAN. <input type="checkbox"/> NO WARRANTY <input type="checkbox"/> 90 DAY WARRANTY KITCHEN SINK, BATH TUB, LAV AND LAUNDRY DRAIN CLEANINGS CARRY A 90 DAY WARRANTY UNLESS TECHNICIAN ADVISES OTHERWISE ON THIS INVOICE.	PAID BY: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount _____ Auth _____ Card #1 _____ Amount _____ Auth _____ Card #2 _____ Amount _____ Auth _____ Tech Name / Number _____
	<input type="checkbox"/> 12 MONTHS NO INTEREST FINANCING

SERVICE CALL INCLUDES TRAVEL FEE	
DIAGNOSTIC FEE	
PROPOSAL # _____	
PROPOSAL # _____	
PROPOSAL # _____	
APPLICABLE SALES TAX AT _____ %	
TOTAL JOB	
DEPOSIT	
AMOUNT DUE ▶	

ACCEPTANCE OF WORK PERFORMED: I find the service and materials rendered and installed in connection with the above work mentioned to have been completed in a satisfactory manner. I agree that the amount set forth on this contract in the space labeled "TOTAL" to be the total and complete flat rate / minimum charge. I acknowledge that I have read and received a legible copy of this contract.

ACCEPTANCE SIGNATURE: _____

Use Your  2%
BIG CARD REBATE

MENARDS
MENARDS - WAUKESHA
2315 Bluemound Rd
Waukesha, WI 53186

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 05/24/15

If you have questions regarding the
changes on your receipt please
email us at:
WAA1 from@menards.com



Sale Transaction

4 ELEM INFRARED HEATER *		
8018018	1	98.00
TOTAL		98.00
WAUKESHA Co-WI TAX 5.10%		5.00
TOTAL SALE		103.00
WISA 2365		103.00
070586		
Swiped		

TOTAL SAVINGS 39.76

TOTAL NUMBER OF ITEMS = 2

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

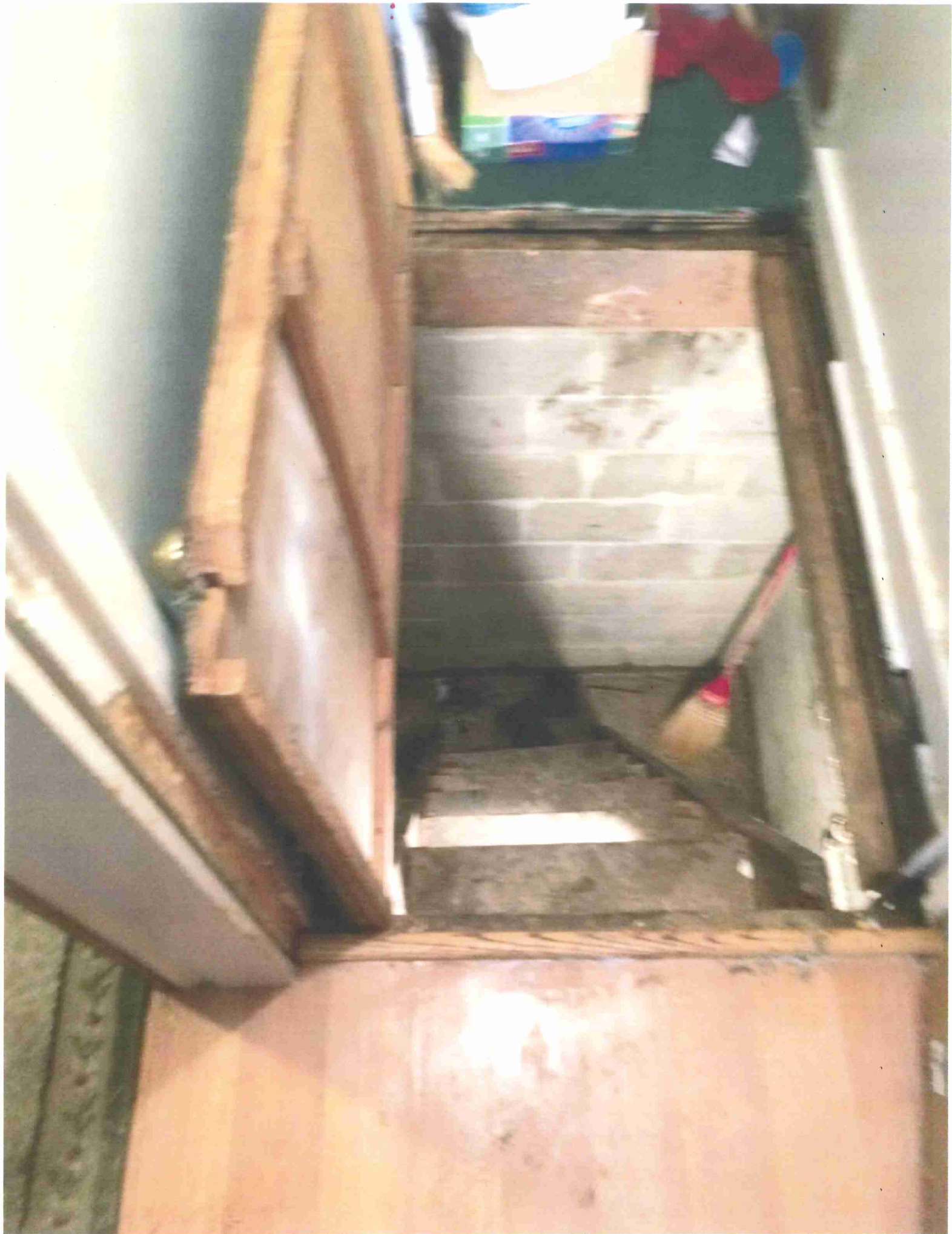
THANK YOU, YOUR CASHIER, MARINA

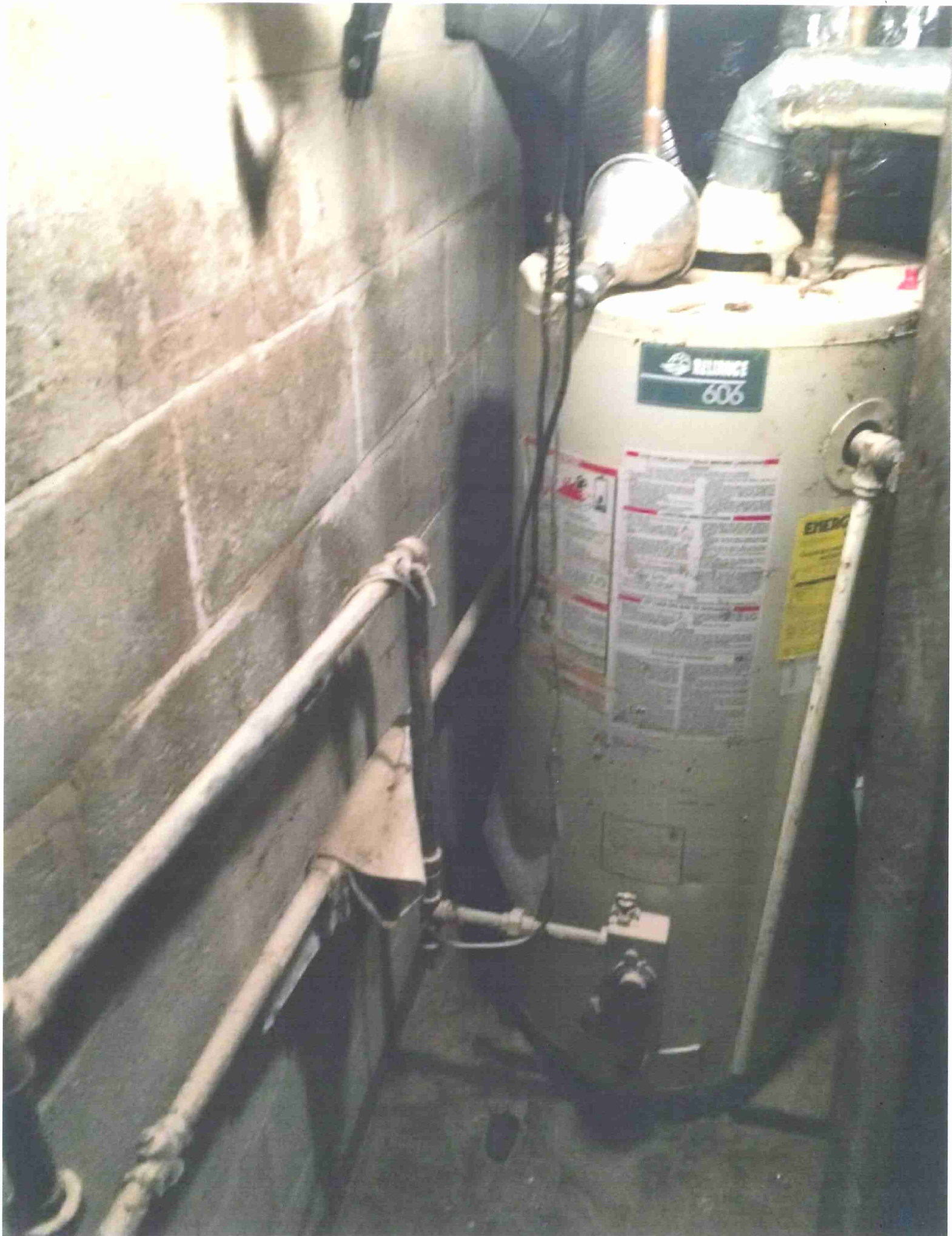
84547 07 6186 02/23/15 08:00AM 3261



1002

1
0
0
2

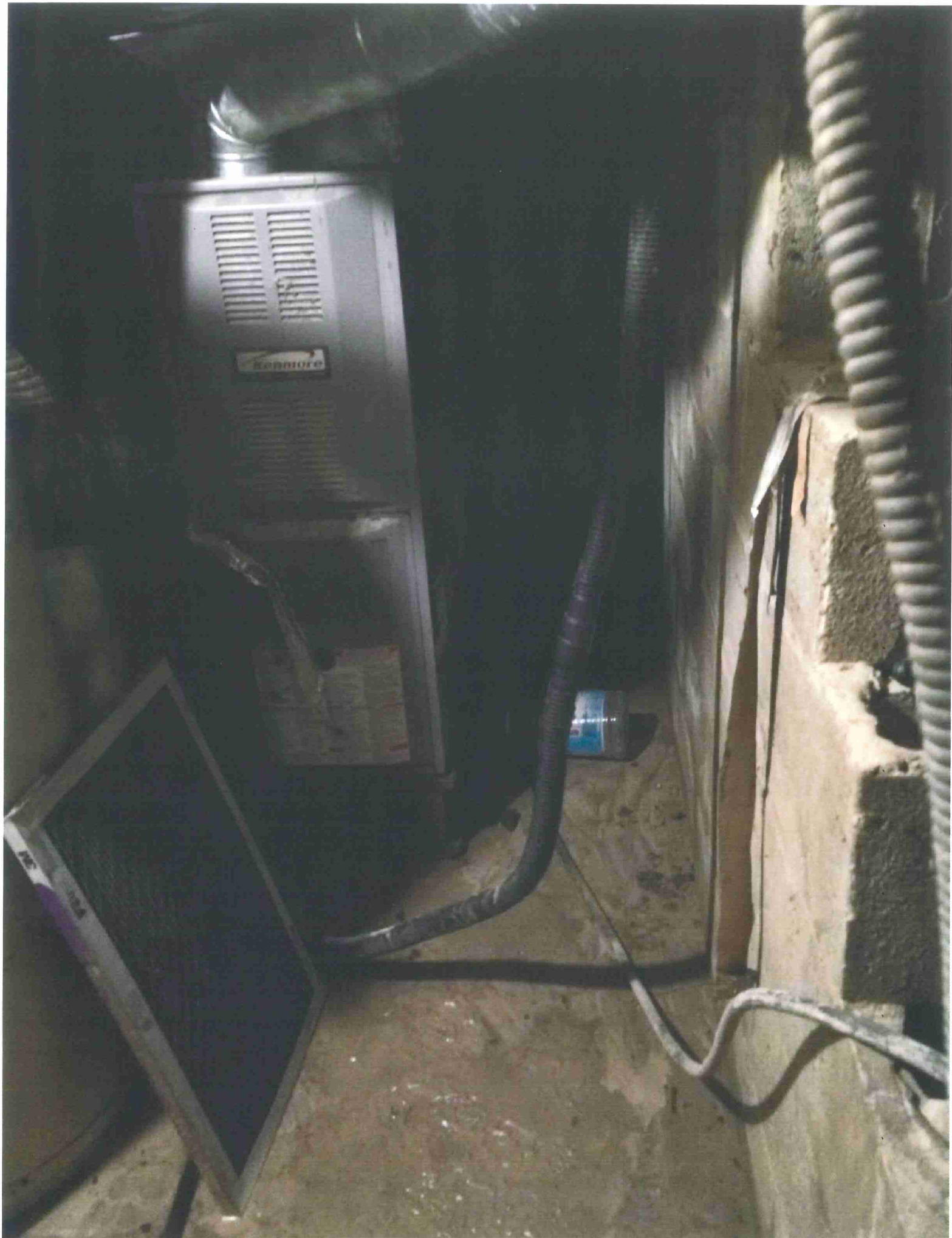




RELIANCE
606

WARNING: This water heater is designed for use with a gas supply system that meets the requirements of the National Fuel Gas Code, ANSI Z223.1-2001. If you are not a qualified professional, do not attempt to install, use, or modify this water heater. For more information, see the instructions and safety information provided with this water heater.

ENERGY













RELIANCE

606

FOR YOUR SAFETY READ BEFORE LIGHTING

WARNING

If you do not follow these instructions exactly, a fire or explosion may result causing property damage, personal injury or loss of life.

1. Do not use this product until you are certain that all connections are tight and the gas supply valve is open.
2. Do not use this product if you smell gas. If you smell gas, stop and call your gas supplier for advice.
3. Do not use this product if you are unable to light it. If you are unable to light it, stop and call your gas supplier for advice.
4. Do not use this product if you are unable to light it. If you are unable to light it, stop and call your gas supplier for advice.

LIGHTING INSTRUCTIONS

1. Turn on the gas supply valve. If you are unable to light it, stop and call your gas supplier for advice.

2. Do not use this product if you are unable to light it. If you are unable to light it, stop and call your gas supplier for advice.

EMERGENCY

BASED ON STANDARD U.S. GOV

ENERGY

WATER HEATER—NATURAL GAS
CAPACITY (FIRST HOUR RATING)
67 GALLONS

Compare the Energy Use
with

ENERGY USE (THERMS)

USES LEAST
ENERGY
215

THERMS/YEAR IS A MEASURE
OF ENERGY USE. TO COMPUTE YOUR BILL
65 TO 74 GALLONS ARE

NATURAL GAS WATER HEATERS
THERMS/YEAR COMPARED TO
MODEL'S ESTIMATE

BASED ON A 1994 U.S. ENERGY
THERM FOR NATURAL GAS
IN YOUR LOCAL UTILITY
REGIONS: 1. National of this

TEMPERATURE
SEE INSTRUCTION

- 160F
- 150F
- 140F

GUIDE

RELANCE WATER HEATER CO.
MODEL(S)
6456265

Energy Use of this Water Heater
before You Buy.

THIS MODEL USES
272 THERMS/YEAR

PERCENT OF ALL SIMILAR MODELS

USES MOST
ENERGY
283

IF YOUR UTILITY COMPANY USES
WITH FIRST HOUR RATINGS OF
SCALE

MODELS THAT USE FEWER
THERMS TO OPERATE. THIS
MODEL'S OPERATING COST IS:

AN AVERAGE COST OF 45 CENTS PER
THERM. OPERATING COST WILL VARY DEPENDING
ON THE PRICE OF NATURAL GAS
IN YOUR LOCAL UTILITY REGIONS. 1994 U.S. ENERGY

TIME TO PRODUCE 2nd & 3rd
DEGREE BURNS ON ADULT SKIN

OUT 1/2 SECOND
OUT 1 1/2 SECONDS

SUITABLE FOR WATER (POTABLE)
HEATING ONLY

ITEM NO: 9200179001 EF CAPACITY 55
MODEL NUMBER



640NDRS
TRADE NAME RELIANCE U.S. GAL.
ANS 221.10.1-CSA 4.1-1998
EQUIPPED FOR INPUT RECOVERY SERIAL NUMBER

NATURAL 35,000 BTU/HR. GAL/HR. 35.8 F03113269

GAS MAXIMUM HYDROSTATIC WORKING PRESSURE 150 P.S.I.
MAX INLET GAS PRESSURE IN W.C. MANIFOLD

150 101.50 5.00 4.00
P.S.I. W.C. W.C. W.C.

AUTOMATIC STORAGE WATER HEATER

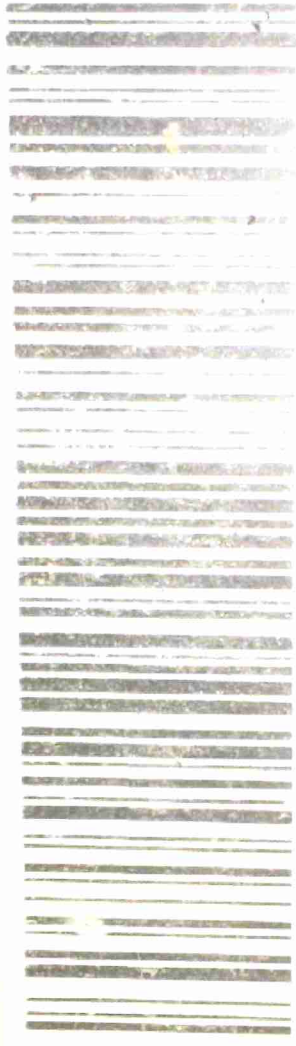
MED FOR RELIANCE WATER HEATER CO. USA
ASHLAND CITY, TN



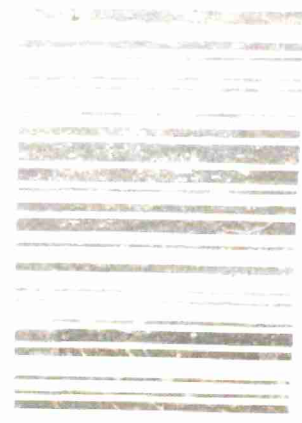

Kenmore



HN



Model Number:



Serial Number:

A061345633

9A101-14

ing. Contr.
and electri-
39170000;
(Res. Contr.
); VA (Class
; additional







