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INVOICE / WORK ORDER NO.

119911

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574

306 S. Main St.
Sylvester, GA 31791
(229) 776-7336

604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-8722

3117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942

2310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250

NAME Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 7-10-26 INT PM

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 5374 Hamilton Green APT/LOT NO. _____

CITY Valdosta STATE GA ZIP CODE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: owensvinyl@hotmail.com

cell # 229-482-3375

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: _____

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai	RX160in	TF.BA-115845		1299.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE	1299.95
	MAKE:	MODEL:	PARTS/MAT. USED	MS 16.00
	DATE CODE:	VENT:	TANK RENT	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF 18.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				SALES TAX
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐				104.00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐				48
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				152
HIGH: 1st Stage 2nd Stage LOW				LABOR 2 men 1 hour 100.00
START LOCK-UP: PSI PSI				Pinnai Rebate (100.00)
TANK OFF: PRESSURE PSI PSI				GPC Rebate (200.00)
AFTER 10 MINUTES: PSI PSI				
PRESSURE AS LEFT: PSI PSI				
PIPING PRESSURE TEST				INV. TOTAL 1530.90
START PSIG FINISH PSIG				AMOUNT RECEIVED

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

May 4 Ray

SERVICE REP. SIGNATURE

7-2-26

DATE

x

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 20152
Name John Owens
Address 5374 Hamilton Green Cir
City, State, Zip Valdosta, GA
Telephone: Office _____ Home _____

Company/Location Valdosta
Call Date 7-2-26
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Binnai			
Model No.			DX160			
Serial No.			TF.BA-115845			
Fuel			LP			
BTU Rating			160,000			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			electric			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			Vented			
Combustion Air						
Red Tag (removed from service)/Recall						

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
1000	1548119	Quality	2025	2026	Back	N	N	N	N	N	N	25	yes	OK

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
	MATERIAL	SIZE								
SECOND STAGE	1st								IN WC	IN WC
	2nd								PSIG	PSIG
THIRD STAGE	1st								IN WC	IN WC
	2nd								IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	9.0wc	9.0wc	10	yes
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 7-2-26

I, Matt Ray (please print name)
certify that I have completed the System Check as prescribed.

Performed Odor Test ☒ Yes
Performed Leak/Pressure Test ☒ Yes
Placed Safety Decal ☒ Yes
Left Consumer Safety Information and Material ☒ Yes

Matt Ray
(Service Technician's Signature)

This inspection covers (propane/LP-gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

I, _____ (Please print name)

- Know how to turn off the gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the consumer safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

(Customer's Signature)