



congerlpgas.com

INVOICE / WORK ORDER NO.

119923

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 7/15/26 INT RM

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 330 Mcneal Heritage APT/LOT NO. _____

CITY Hahira STATE GA ZIP CODE _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set 120 tank and tie into w/H.

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1560873			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Dripley				40.99
1	B46R				97.95
1	3/8 cutoff				19.99
15	# 3/8 copper				89.25
2	3/8 Fl nuts				5.90
1	Binnai	BE140c	RK.OA-129930		899.95

WORK PERFORMED: <u>tank set & connect</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	SALES AMOUNT	
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	MP	254.08	
	DATE CODE: _____ VENT: _____	TANK RENT	MS	27.24	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF	18.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST	SALES TAX	7200 20.33	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	HIGH: 1st Stage 2nd Stage LOW		%	2.18	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐	START LOCK-UP: PSI PSI	START LOCK-UP: W.C.	LABOR	200.00	
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE PSI PSI	TANK OFF: PRESSURE W.C.	Binnai Rebate	(100.00)	
	AFTER 10 MINUTES: PSI PSI	AFTER 10 MINUTES: W.C.	GPC Rebate	(200.00)	
	PRESSURE AS LEFT: PSI PSI	PRESSURE AS LEFT: W.C.			
X _____	PIPING PRESSURE TEST	INV. TOTAL		1496.25	
CUSTOMER SIGNATURE	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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY



Company/Location Cinco / Valdosta
 Call Date _____
 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.			Be 140			
Serial No.			BK-4A-129930			
Fuel			LP			
BTU Rating			140,000			
Manual Shut-off (Installed/Existing)			inst			
Sediment Trap (Installed/Existing)			inst			
Control Mfr./Model No.			-			
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.			-			
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			ambi			
Red Tag (removed from service)/Recall			-			

[illegible][illegible]

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st				
	2nd	8	8	10 min	OK
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 7-15-26

I, Seth Weeks (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

(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.

1. _____ (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)