CONGER FUELING LIFE LP GAS
congerlpgas.com

INVOICE / WORK ORDER NO.
130069

NAME Thomas Smith RT# ____ RT. SEQ. ____ ACCT # 03-24113 DATE 8-5-26 IN

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 1775 Pope rd APT/LOT NO. ____

CITY Boston STATE GA ZIP CODE 31757

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 ____

install Water Heater

email:
cell # 229-224-4819
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:
229 289 5250

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
/	120	2594544		AG					

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnia water heater	RE160e	WB. UA-012011		1099 95
1	5/8 Flex connector				39 95
1	Sediment trap				40 00
1	1/2 black iron elbow				3 95
2	MIPs				5 90

WORK PERFOMED:

REGULATION INFORMATION
MAKE: Rego MODEL: LV4041339
DATE CODE: 02L2025 VENT: Down

	CODE	
APPLIANCES/ EQUIP. SOLD		1099 95
PARTS/MAT. USED		89 80
TANK RENT		
		18 95
SALES TAX ____ %		88 00 7 18 1 52
LABOR		180 00
GAL	ON	(200 00)
INV. TOTAL		1,285.40
AMOUNT RECEIVED		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐

2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐

I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X ____
CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	10 PSI	PSI	START LOCK-UP: W.C.
TANK OFF: PRESSURE	6 PSI	PSI	TANK OFF: PRESSURE W.C.
AFTER 10 MINUTES:	6 PSI	PSI	AFTER 10 MINUTES: W.C.
PRESSURE AS LEFT:	10 PSI	PSI	PRESSURE AS LEFT: W.C.

PIPING PRESSURE TEST
START PSIG FINISH PSIG

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

10-23-26
DATE

X ____
CUSTOMER SIGNATURE

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

11/2025

CONGER FUELING LIFE LP GAS

GASCheck
Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location _____

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 3-24113

Name Thomas Smith

Address 1775 Pope Rd

City, State, Zip Boston, Ga 31757

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnia	Samsung		
Model No.			RE160e	NX60A6511SS/AA		
Serial No.			WB. UA-01201	a34v 700W700175F		
Fuel			LP	LP		
BTU Rating			160K	65K		
Manual Shut-off (Installed/Existing)			Installed	Existing		
Sediment Trap (Installed/Existing)			Installed	/		
Control Mfr./Model No.			/	Ok		
Pilot(s)/Pilot Safety System			Ok	Ok		
Ignition System(s): Mfr./Model No.			Ok	Ok		
Thermostats: Mfr./Model No.			Ok	Ok		
Burner(s)/Combustion Chamber			Ok	Ok		
Venting System/Draft Diverter			Ok	Ok		
Combustion Air			AMB	AMB		
Red Tag (removed from service)/Recall			/	/		

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
120	2594544	Worthington	2024	/	AG	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Good

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE		Hardpipe	1/2	02025	REGO	Good	B39	Down	Dome	11.5 IN WC	12 IN WC
SECOND STAGE	1st									PSIG	PSIG
	2nd									IN WC	IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
		9	9	10	Ok
SECOND STAGE	1st				
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. 130069 Date 10-25-26

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)

I, Brandon Cochran (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)