

136813

NAME Wilson Design RT# _____ RT. SEQ. _____ ACCT # 21694 DATE 9-16-26 INT MR

MAILING ADDRESS _____ CO. _____ CITY _____ NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
ADDRESS 5702 Upper New Bethel Rd APT/LOT NO. _____ WORK PH _____ CREDIT _____
CITY Ray City STATE GA ZIP CODE 31645 LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____
email: _____
cell # _____
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set 250 tank, Hang tankless WH, RXP199 in, Generator
10 gallons

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	250	1547935	100%	Left of House	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Binnai	RXP199 in	TL.BA-267401		2399.95
45 ft	3/4 Poly				47.25
10 ft	1/2 COPPER				79.50
4	1/2 Flare Nuts				11.80
2	3/4 Poly Transition				179.90
1	1/2 Fpt x 1/2 Flare				3.95
2	1/2 x 3/4 mpt				7.90
1	Sediment trap				31.95
1	1/2 Plug				1.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MP	397.00
	DATE CODE:	VENT:	TANK RENT	MS	67.02
				CF	18.95

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					SALES TAX	
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					19.25	31.90
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐						5.36
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐						1.52
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:		PSI	PSI	START LOCK-UP:	W.C.	LABOR 3 hrs 30 min
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 (400.00)
PRESSURE AS LEFT:		PSI	PSI	PRESSURE AS LEFT:	W.C.	
PIPING PRESSURE TEST					INV. TOTAL	3833.56
START		PSIG	FINISH	PSIG	AMOUNT RECEIVED	3833.56

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.

Matt Lane Zach 10-7-26 x _____
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE



CONGER
FUELING LIFE LP GAS
congerlpgas.com

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

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NAME Wilson Design RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT. _____

[illegible][illegible]**ADDITIONAL COMMENTS**

REGULATOR INFORMATION			MAKE:		MODEL:		DATE CODE:		VENT:			
LEAK AND PRESSURE TEST		START LOCK UP:	PSI	TANK OFF PRESSURE:	PSI	AFTER 10 MINUTES:	PSI	PRESSURE AS LEFT:	PSI	PIPING PRESSURE TEST		
		STOCK LOCK UP:	W.C.	TANK OFF PRESSURE:	W.C.	AFTER 10 MINUTES:	W.C.	PRESSURE AS LEFT:	W.C.	START	PSIG	FINISH

WHITE/FILE COPY: YELLOW/CUSTOMER COPY: PINK/POSTING/OFFICE COPY



Company/Location Valdosta

Call Date

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions

Name Wilson Design - Todd Wilson

Address 5702 Upper N. Bethel RD

City, State, Zip Ray City GA 31645

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Cooktop 6
Manufacturer			Branci			LG
Model No.			2XP199;			1B6J36Z35/00
Serial No.			TL-BR-217401			6076MTHW0193
Fuel			LP			LP
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			Installed			Installed
Sediment Trap (Installed/Existing)			Installed			Installed
Control Mfr./Model No.			_____			_____
Pilot(s)/Pilot Safety System			electric			electric
Ignition System(s): Mfr./Model No.			electric			electric
Thermostats: Mfr./Model No.			_____			_____
Burner(s)/Combustion Chamber			Open			Open
Venting System/Draft Diverter			Open			Open
Combustion Air			Amb			Amb
Red Tag (removed from service)/Recall			_____			_____

TANK/CYLINDER (Additional Serial Numbers):

[illegible]**PIPING/REGULATOR OPERATION/CONDITION**[illegible]

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
		7	7	10 mins	OK
SECOND STAGE	1st				
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 10-1-26

1. Zach Adams (please print name)

certify that I have completed the System Check as prescribed.

Performed Odor Test ☒ Yes *2-16*

Performed Leak/Pressure Test ☒ Yes *Cal*

Placed Safety Decal ☒ Yes *Leave*

Left Consumer Safety Information and Material ☒ Yes *in seat*

[Handwritten signature]

[Handwritten signature]

(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)

(Service Technician's Signature)