

NAME William Cody Brinson RT# _____ RT. SEQ. _____ ACCT # 03-26008 DATE 10.3.26 INT SW

MAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV _____

ADDRESS 11 Hummingbird Rd. APT/LOT NO. _____ HOME PH. _____ RENT _____
WORK PH. _____ CREDIT _____

CITY Montez STATE Ga ZIP CODE _____
LITE PILOT _____ PC _____
EMPLOYER _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED

Set 120 for WPT	cell # 229 454 5006
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PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

[illegible][illegible]

WORK PERFORMED:	set tanks, hook up	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE	109995
w/H		MAKE: REGO	MODEL: TR 9	PARTS/MAT. USED	MP	24715
		DATE CODE: 07E2026	VENT: 002444	TANK RENT	MS	3683

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

LEAK AND PRESSURE TEST

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

2) ALL APPLIANCES INSTALLED IN COMPLIANCE
WITH N.E.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

PIPING PRESSURE TEST

INV. TOTAL

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	10 PSI	PSI	START LOCK-UP: 12.5 V.C.
TANK OFF: PRESSURE	6 PSI	PSI	TANK OFF: PRESSURE 8 W.C.
AFTER 10 MINUTES:	6 PSI	PSI	AFTER 10 MINUTES: 8 W.C.
PRESSURE AS LEFT:	10 PSI	PSI	PRESSURE AS LEFT: 12.5 W.C.

SALES TAX _____ %

LABOR	LB	200	00
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	TR	10	00
2	00	20	00

GPC 200

INV. TOTAL	15166.27
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AMOUNT RECEIVED	15 Feb. 2000
	200000

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



Residential Gas Appliance System Check

Company/Location Conger Heating
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 03-137941
Name William Cody Brinson
Address 11 Hummingbird Rd
City, State, Zip Muskegon, MI
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnia			
Model No.			RE160e			
Serial No.			WB-1A-012031			
Fuel			LP			
BTU Rating			160K			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			OK			
Thermostats: Mfr./Model No.			OK			
Burner(s)/Combustion Chamber			OK			
Venting System/Draft Diverter			OK			
Combustion Air			AMB			
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	
120	645507	trinity	1990	2026	AGT	OK	OK	OK	OK	OK	OK	OK	OK	9000

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	Copper	3/8	07E2026	REGO	NEW	TR9	DOWN	DOME	9.8 PSIG	10 PSIG
	2nd	Copper	3/8	10B2025	REGO	NEW	B4GR	DOWN	W/H	11 IN WC	12.5 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
SECOND STAGE	1st	6	6	10	OK
	2nd	8	8	10	OK
THIRD STAGE					

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.

Comments _____

Reference Invoice No. 137941 Date 10/12/26

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)

(Customer's Signature)