CONGER FUELING LIFE LP GAS
congerlpgas.com

INVOICE / WORK ORDER NO. 136886

NAME Owens Vinyl RT# ____ RT. SEQ. ____ ACCT # 20152 DATE 11-9-26 INT MR

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 3817 Duchess ct APT/LOT NO. ____

CITY Valdosta 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: owensvinyl@hotmail.com
cell # 229-482-3375
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang water Heater, tank set, permit

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	1528545	40%						

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	permit				77.62
20	ft 3/8 copper				119.00
2	3/8 FL nuts				5.90
1	3/4 sediment trap				32.95
1	B46R				98.95
1	Cutoff Valve				24.95
1	Rinnai	REP160ep	WJ. UA-110833		1199.95

WORK PERFOMED:

REGULATION INFORMATION
MAKE: MODEL:
DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	1199.95
PARTS/MAT. USED	MP	281.75
TANK RENT	MS	33.11
	CF	18.92
SALES TAX ____ %	96.00 ~~12.80~~	22.54 2.65 1.52
LABOR 2men	1.5hour	270.00
	PE	77.62
	~~00~~	~~159.96~~
Rinnai Rebate		(150.00)
INV. TOTAL		2004.09
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:	PSI	PSI	START LOCK-UP: W.C.
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE W.C.
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES: W.C.
PRESSURE AS LEFT:	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.

GPC Rebate (400.00)

Matt / Zach
SERVICE REP. SIGNATURE

11-16-26
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 Valdosta

Call Date

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number

Name John Owens

Address 3817 Duchess Ct

City, State, Zip Valdosta, GA

Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			REP160ep			
Serial No.			WJ. UA-110833			
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			Open			
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: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
120	1528545	Quality	2024	—	Back	N	N	N	N	N	N	24	yes	OK

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										IN WC	IN WC
SECOND STAGE	1st	Copper	3/8	07 D26	Rego	N	TR9	Horizon	Dome	9 PSIG	10 PSIG
	2nd	Iron	3/4	06 C 26	Rego	N	B46R	Down	Eve	11 IN WC	12 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	9.0 wc	9.0 wc	10	yes
	2nd				
THIRD STAGE					

Comments

Reference Invoice No. Date 11-16-26

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, 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

(Service Technician's Signature)