CONGER LP GAS — FUELING LIFE

congerlpgas.com

INVOICE / WORK ORDER NO. 120209

| 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 7-10-26 INT RM

MAILING ADDRESS 14 Murray Blvd CO. ____ CITY ____

ADDRESS 5362 Hamilton Green Cir 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: owensviny1@hotmail.com
cell # 229-482-3375
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

| TANK PICKUP/SET | TANK SIZE | SERIAL # | TANK % | TANK DESTINATION | DOT PERMANENTLY INSTALLED CONTAINERS | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | MANUFACTURED DATE | LAST TEST DATE | SIZE | SERIAL # | % FULL |
| | | | | | | | | | |
| | | | | | | | | | |

| QTY | APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED | MODEL # | SERIAL NUMBER | UNIT PRICE | SALES AMOUNT |
|---|---|---|---|---|---|
| 1 | Rinnai TwH | RX160i | TTK.BA-253360 | | 1299 95 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WORK PERFOMED:

REGULATION INFORMATION
MAKE: MODEL:
DATE CODE: VENT:

| | CODE | |
|---|---|---|
| APPLIANCES/ EQUIP. SOLD | COH | 1299.95 |
| PARTS/MAT. USED | MS | 60.00 |
| TANK RENT | | |
| | CF | 18 95 |
| SALES TAX ____ % | | 104.00 48 1.52 |
| LABOR 2 men | 1hr | 100 00 |
| Rinnai Rebate | | (100.00) |
| GPC Rebate | | (200.00) |
| INV. TOTAL | | 1530.90 |
| 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.

Cole — SERVICE REP. SIGNATURE

7-2-26 — DATE

X ____ CUSTOMER SIGNATURE

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

CONGER FUELING LIFE LP GAS

GASCheck® Safeguarding you and your propane system

# Residential Gas Appliance System Check

Company/Location Valdosta

Call Date 7-2-26

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number 20152

Name John Owens

Address 5362 Hamilton Green Cir

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. | | | RX160 | | | |
| Serial No. | | | TRBA-253360 | | | |
| 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 | | | Vented | | | |
| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1000 | 1548119 | Quality | 2025 | 2026 | Back | N | N | N | N | N | N | 25 | 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 | | | | | | | | | 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 |
|---|---|---|---|---|---|
| SECOND STAGE | 1st | 9.0wc | 9.0wc | 10 | yes |
| | 2nd | | | | |
| THIRD STAGE | | | | | |

Comments

Reference Invoice No. Date 7-2-26

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

Matt Ray

(Service Technician's Signature)