CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 120207

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 5370 Hamilton Green Cir APT/LOT NO. ____

CITY Valdosta STATE GA ZIP CODE 31601

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:

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	TG.BA-253359		1299 95

WORK PERFOMED:

REGULATION INFORMATION
MAKE: MODEL:
DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WSH	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 7-2-26 x ____

SERVICE REP. SIGNATURE DATE 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 7/10/26

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number 20152

Name John Owens

Address 5370 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.			TK BA-253359			
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
SECOND STAGE 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
SECOND STAGE 2nd				
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.

_____ (Customer's Signature)

Comments

Reference Invoice No. 120207 Date 7/10/26

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)