1A

CONGER FUELING LIFE LP GAS
congerlpgas.com

dS.
11-5-26

137972

NAME Norman Pilsbury RT# ____ RT. SEQ. ____ ACCT # 03-23218 DATE 10.29.24 INT. IO

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 24424 GA Hwy 3 APT/LOT NO. ____

CITY Ochlocknee STATE Ga ZIP CODE 31773

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 ____

Hang RE180 & run 60' 3/4" Trac to tank

email: drnorm770@gmail.com
cell # 828 301 0014
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 |
| — | 120 | 2594647 | 65 | AG | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| QTY | APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED | MODEL # | SERIAL NUMBER | UNIT PRICE | SALES AMOUNT |
|---|---|---|---|---|---|
| 2 | FLANGE & 50' 3/4 Trac | | | | 600 00 |
| 1 | 3/8 FLEX | | | | 19 95 |
| 5" | COPPER | | | | 39 75 |
| 2 | FLANGE | | | | 6 90 |
| 2 | BLACK IRON T | | | | 5 95 |
| 1 | 3/8 ELBOW x 3/4 MIP | | | | 2 95 |
| #3 | ~~1/2 x 3/4~~ MIPS | | | | 9 85 |
| 1 | SEDIMENT TRAP & Cutoff | | | | 80 00 |
| 1 | ~~CUTOFF~~ RINNAI | RE180 | WF.UA-066999 | | 1299 95 |

WORK PERFOMED: HUNG W/H, RAN TRAC

PIPE

REGULATION INFORMATION
MAKE: REGO MODEL: B9
DATE CODE: 08E2024 VENT: DOWN

| APPLIANCES/ EQUIP. SOLD | CODE | |
|---|---|---|
| | WH | 1299 95 |
| PARTS/MAT. USED | MP | 765 35 |
| TANK RENT | MS | 67 52 |
| | CE | 18 95 |
| SALES TAX ____ % | 104.00 | 61.23 5.40 1.52 |
| LABOR | LB | 360 00 |
| | GPC | 200 00 |
| INV. TOTAL | | 2483.92 |
| AMOUNT RECEIVED | GPC | 200.00 |
| | | 2683.92 |

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: 11 | W.C. |
| TANK OFF: PRESSURE | PSI | PSI | TANK OFF: PRESSURE 8 | W.C. |
| AFTER 10 MINUTES: | PSI | PSI | AFTER 10 MINUTES: 8 | W.C. |
| PRESSURE AS LEFT: | PSI | PSI | PRESSURE AS LEFT: 11 | 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.

SERVICE REP. SIGNATURE

11/5/26
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 Conger Moultrie
Call Date
Date GAS Check® Requested
Call-Taker's Name
Instructions

Account Number 03-23218
Name Norman Pilsbury
Address 24424 GA Hwy 3
City, State, Zip Ochlocknee, GA
Telephone: Office ~~Home~~

| PERFORMANCE CHECK: ITEM | Central Heating 1 | Room Heating 2 | Water Heater 3 | Range 4 | Clothes Dryer 5 | 6 |
|---|---|---|---|---|---|---|
| Manufacturer | | PETERSON | RINNIA | | | |
| Model No. | | G10-24/30-0100 | RE180e | | | |
| Serial No. | | 2064711 | WF. UA-066499 | | | |
| Fuel | | LP | LP | | | |
| BTU Rating | | 37K | 180K | | | |
| Manual Shut-off (Installed/Existing) | | EXISTING | INSTALLED | | | |
| Sediment Trap (Installed/Existing) | | — | INSTALLED | | | |
| Control Mfr./Model No. | | OK | — | | | |
| Pilot(s)/Pilot Safety System | | OK | OK | | | |
| Ignition System(s): Mfr./Model No. | | OK | OK | | | |
| Thermostats: Mfr./Model No. | | OK | OK | | | |
| Burner(s)/Combustion Chamber | | OK | OK | | | |
| Venting System/Draft Diverter | | OK | OK | | | |
| Combustion Air | | AMB | AMB | | | |
| 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 | 2594647 | WORTHINGTON | 2024 | — | AG | OK | OK | OK | OK | OK | OK | OK | OK | GOOD |
| | | | | | | | | | | | | | | |

**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 | | COPPER/TRAC | 1/2/3/4 | 08E2024 | REGO | GOOD | B9 | DOWN | DOME | 10.2 IN WC | 11 IN W |
| SECOND STAGE | 1st | | | | | | | | | PSIG | PSI |
| | 2nd | | | | | | | | | IN WC | IN W |
| THIRD STAGE | | | | | | | | | | IN WC | IN W |

**SYSTEM LEAK TEST**

| SINGLE STAGE/ INTEGRAL/ SECOND STATE | | START PRESSURE (INCHES WC) | END PRESSURE (INCHES WC) | TIME HELD | SYSTEM OK |
|---|---|---|---|---|---|
| | | 11 | 11 | 10 | OK |
| SECOND STAGE | 1st | | | | |
| | 2nd | | | | |
| THIRD STAGE | | | | | |

Comments

Reference Invoice No. 137972 Date 11/3/26

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, 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)