CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 137415

NAME Building Valdosta RT# ____ RT. SEQ. ____ ACCT # 20871 DATE 11/22/26 INT LDA

MAILING ADDRESS ____ CO. ____ CITY ____

Job: 3013 Mary Powell

ADDRESS ____ APT/LOT NO. ____

CITY Hahira 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:

cell #

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: (X) Trim out Location (X) Tank set, Hook up, Install T HWHs Tuesday

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	2971357							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai tankless WH	Rep160E	WJ.VA-110829		1199.95
1	Rinnai tankless WH	Rep160E	WJ.VA-110834		1199.95
1	1/2 Maxitrol				44.95
2	1/2 Cutoff				49.90
1	1/2 Swivle				4.95
1	1/2 Tee				6.95
4	1/2 Flare Nuts				11.80
2	Rego B46R				195.90
1	Rego Y46R				112.95

WORK PERFOMED:

REGULATION INFORMATION

MAKE: MODEL:

DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	1199.95
PARTS/MAT. USED	WH	1199.95
TANK RENT	MP	885.30
	CF	18.95
SALES TAX ____ %	96-96-70.82	7.71 1.52
LABOR 3MPH	3hours	720.00
	MS	96.32
Rinnai Rebate		(300.00)
GPC Rebate		(800.00)
INV. TOTAL		4,392.52
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.

Lonne Hall — SERVICE REP. SIGNATURE

11/18/26 — DATE

X ____ CUSTOMER SIGNATURE

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

11/2025

CONGER FUELING LIFE LP GAS

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146 S. Ridge Ave. Tifton, GA 31794 (229) 386-5574
360 S. Main St. Sylvester, GA 31791 (229) 776-7336
640-B N. Broadfoot Blvd. Vidalia, GA 30474 (912) 537-8722
3117 Veterans Parkway S. Moultrie, GA 31768 (229) 985-6942
2310-B Highway 84 W Valdosta, GA 31602 (229)469-4250

INVOICE / WORK ORDER NO.

CONTINUATION SHEET 3013 Mary Powell

NAME Building Valdosta RT # ____ RT. SEQ. ____ ACCT # ____ DATE 11/18/26 INT ____

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
30	Feet 1/2 copper				238 50
1	3/4 Bi Tee				4 95
2	Sediment Traps				71 90
1	3/4 Bi elbow				3 95
1	water Heater appliance connector				24 95
1	3/4 cutoff				24 95
1	3/4 x 1/2 Reducing coupling				7 95
2	3/4 close nipples				3 90
1	1/2 close nipple				1 95
2	1/2 Trac Straight ends				79 90

ADDITIONAL COMMENTS

REGULATOR INFORMATION	MAKE:	MODEL:	DATE CODE:	VENT:

LEAK AND PRESSURE TEST		START LOCK UP: PSI	TANK OFF PRESSURE: PSI	AFTER 10 MINUTES: PSI	PRESSURE AS LEFT: PSI	PIPING PRESSURE TEST
		STOCK LOCK UP: W.C.	TANK OFF PRESSURE: W.C.	AFTER 10 MINUTES: W.C.	PRESSURE AS LEFT: W.C.	START PSIG FINISH PSIG

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

CONGER FUELING LIFE LP GAS

GAS Check
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 JD Yeager
Address 5013 Mary Powell Way
City, State, Zip
Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Water Heater 6
Manufacturer			Rinnai			Rinnai
Model No.			Rep160e			Rep160e
Serial No.			WJ-UA-110829			WJ-UA-110839
Fuel			LP			LP
BTU Rating			160,000			160,000
Manual Shut-off (Installed/Existing)			Installed			Installed
Sediment Trap (Installed/Existing)			Installed			Installed
Control Mfr./Model No.			—			—
Pilot(s)/Pilot Safety System			Electric			electric
Ignition System(s): Mfr./Model No.			Electric			electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			Open			Open
Venting System/Draft Diverter			Open			Open
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	2971357	Manchester	2026	2024	Rear	ok	ok	ok	ok	ok	ok	ok	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		Copper	1/2	07D2026	Rego	New	TR9	Horz	Dome	IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	08B2025	Rego	New	Y46R	Down	Cave	1 PSIG	2 PSIG
	2nd	Copper	1/2	08B2025	Rego	New	B46R	Down	Cave	9 IN WC	13 IN WC
THIRD STAGE		Copper	1/2	06CB026	Rego	New	B46R	Down	Cave	9 IN WC	13 IN WC

SYSTEM LEAK TEST

		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SINGLE STAGE/ INTEGRAL/ SECOND STATE		7	7	10 mins	OK
SECOND STAGE	1st				
	2nd				
THIRD STAGE					

Comments

Reference Invoice No. Date 11-18-26

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, [signature] (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.

[signature] (Customer's Signature)

I, [signature] (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

[signature]
(Service Technician's Signature)