CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 119759

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 JMC Construction RT# ____ RT. SEQ. ____ ACCT # 23592 DATE 10-20-26 INT MR

MAILING ADDRESS ____ CO. ____ CITY ____

JOB ADDRESS: 6211 Hardee Rd 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: Install interior tankless W/H in garage.

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	RX199in	WC-BA-037492		1899 95
	PVC Parts				45 00
100	ft 3/4 poly				105 00
1	B46B				98 95
1	3/4 Flange				44 95
1	3/4 Straight end				44 95
1	3/4 Sediment trap				32 95
2	3/4 transitions with couplings				258 60
2	Cut offs				49 95

WORK PERFOMED: 5 ft - 1/2 copper

REGULATION INFORMATION

MAKE: ____ MODEL: ____

DATE CODE: ____ VENT: ____

	CODE	
APPLIANCES/ EQUIP. SOLD		39 75
PARTS/MAT. USED	WH	1899 95
TANK RENT	mp	719 50
	CF	18 95
SALES TAX ____ %		152 00 6.91
		57.56 1.52
LABOR 2 man	4 hour	720 00
	MS	86 37
Rinnai Rebate		(100.00)
GPC Rebate		(200.00)
INV. TOTAL		3662.76
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.

Matt Ray — SERVICE REP. SIGNATURE

11-11-26 — 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

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number

Name Johnathan Myers

Address 6211 Hardee Rd

City, State, Zip Hahira, 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.			RX199in			
Serial No.			inc. BA-037492			
Fuel			LP			
BTU Rating			199,000			
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

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	CSST	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

		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SINGLE STAGE/ INTEGRAL/ SECOND STATE		9.0wc	9.0wc	10	yes
SECOND STAGE	1st				
	2nd				
THIRD STAGE					

Comments Add to existing Safety Check. Sam Lindsey

Reference Invoice No. Date 11-11-26

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, 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

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)

_____ (Service Technician's Signature)