



NAME Chris Mill Homes RT# _____ RT. SEQ. _____ ACCT # 04-22240 DATE _____ INT _____

MAILING ADDRESS 3170 N Valdosta RD St CO. _____ CITY _____ S.S. NO. _____ DELV _____

ADDRESS 8341 Branchville Rd APT/LOT NO. _____ HOME PH _____ RENT _____

CITY Camilla STATE GA ZIP CODE 31730 WORK PH _____ CREDIT _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ LITE PILOT _____ PC _____

Russ Job - Rinnai & Tank Set DR. _____ USE _____ LEASE _____

DIRECTIONS: _____

email: invoic@chrismillhomes.com
cell # 229 300 3034
PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>Set</u>	<u>120</u>	<u>67790</u>	<u>8.33</u>	<u>AG</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
		<u>Acct # 26026</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai</u>	<u>RE160e</u>	<u>WE. VA-055309</u>		<u>1099 95</u>
<u>15'</u>	<u>3/8 Copper</u>				<u>89 25</u>
<u>1</u>	<u>sediment trap</u>				<u>40 00</u>
<u>1</u>	<u>B46R REGO</u>				<u>97 95</u>
<u>2</u>	<u>Flare nuts</u>				<u>3 90</u>
<u>1</u>	<u>Cutoff</u>				<u>19 95</u>

WORK PERFORMED: <u>Set tank, ran copper to w/h, hung w/h</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD
	MAKE: <u>REGO</u> MODEL: <u>TR9</u>	CODE <u>WA 1099 95</u>
	DATE CODE: <u>07E2026</u> VENT: <u>DOWN</u>	PARTS/MAT. USED <u>MP 251 05</u>
		TANK RENT <u>MS 2706</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE												CE 18 95	
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				LEAK AND PRESSURE TEST						SALES TAX		88.00 2.00 152	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐				HIGH:		1st Stage		2nd Stage		LOW		_____ %	
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.				START LOCK-UP:		10		PSI				PSI	
				TANK OFF: PRESSURE		6		PSI				PSI	
				AFTER 10 MINUTES:		6		PSI				PSI	
				PRESSURE AS LEFT:		10		PSI				PSI	
				START LOCK-UP:		11		W.C.		LABOR		LB 200 00	
				TANK OFF: PRESSURE		9		W.C.					
				AFTER 10 MINUTES:		9		W.C.					
				PRESSURE AS LEFT:		11		W.C.					
X _____				PIPING PRESSURE TEST						INV. TOTAL		1708.77	
CUSTOMER SIGNATURE				START		PSIG		FINISH		PSIG		AMOUNT RECEIVED	

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 [Signature] DATE 10/9/26 X CUSTOMER SIGNATURE _____



Residential Gas Appliance System Check

Company/Location Congers New York

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 04-22240
Name Chris McMillan
Address 8341 Branchville Rd
City, State, Zip Camilla, GA
Telephone: Office _____ Home Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE160e			
Serial No.			WE-VA-035389			
Fuel			L9			
BTU Rating			160k			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			OK			
Thermostats: Mfr./Model No.			OK			
Burner(s)/Combustion Chamber			OK			
Venting System/Draft Diverter			OK			
Combustion Air			OK			
Red Tag (removed from service)/Recall						

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
120	67790	Trinity	1991	2026	AG	OK	OK	OK	OK	OK	OK	OK	OK	GOOD

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE		PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
		MATERIAL	SIZE								
SECOND STAGE	1st	Copper	3/8	07E2026	REGO	New	TR9	DOWN	DOME	10 PSIG	10 PSIG
	2nd	Copper	3/8	10B2025	REGO	New	B46R	DOWN	W/H	11 IN WC	11 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

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

Comments _____

_____Reference Invoice No. 137939 Date 10/8/2026

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

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)