



NAME Darlen Wavel Robinson Farms RT# _____ RT. SEQ. _____ ACCT # 03.25358 DATE 6.24.26 IN AK

MAILING ADDRESS CAMP HOUSE # 3 CO. _____ CITY _____

ADDRESS _____ APT/LOT NO. _____

CITY Pavo 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: Wavel.Robinson@gmail.com

cell # 329-589-6611

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>120</u>	<u>4697</u>		<u>AG on Site</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Bradford White Tank w/ R6240T6X</u>		<u>AH53808750</u>		<u>899 95</u>
<u>1</u>	<u>Sediment Trap</u>				<u>30 00</u>
<u>8</u>	<u>Pex Fittings & Rings</u>				<u>125 00</u>
<u>10</u>	<u>Pex 3/4</u>				<u>20 00</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: <u>Rego</u> MODEL: <u>B9</u>	PARTS/MAT. USED	<u>WH 899.95</u>
	DATE CODE: <u>09B2024</u> VENT: <u>Down</u>	TANK RENT	<u>MP 175.00</u>
			<u>MS 26.70</u>
			<u>CR 18.95</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST			SALES TAX
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 ☐		START LOCK-UP:	PSI	PSI	START LOCK-UP: <u>13</u> W.C.
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE <u>9</u> W.C.
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES: <u>9</u> W.C.
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT: <u>13</u> W.C.
X CUSTOMER SIGNATURE		PIPING PRESSURE TEST			INV. TOTAL
		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

DATE

CUSTOMER SIGNATURE