



congerlpgas.com

INVOICE / WORK ORDER NO.

118165

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

Contractor:

NAME Chaney Custom Homes RT# RT. SEQ. ACCT # 210897 DATE 10-17-25 INT PM

MAILING ADDRESS: Ready 5505 Old US 415 Lake Park, GA CO. CITY

Job: 5499 Danielle Dr. N APT/LOT NO.

CITY Lake Park STATE GA ZIP CODE

NEW CUSTOMER INFORMATION S.S. NO. DELV HOME PH RENT WORK PH CREDIT LITE PILOT PC EMPLOYER DR. USE LEASE

email Chaneycustomhomes@gmail.com

cell # 229-560-8857 PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED

DIRECTIONS: Tank set / Install, Re 160 P & Run line / Pull Permit

10 gallons

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD, PARTS/MAT. USED, TANK RENT

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE. Includes LEAK AND PRESSURE TEST and PIPING PRESSURE TEST sections.

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. Signature: [Signature] DATE: 10-20-25 x [Signature]



Residential Gas Appliance System Check

Company/Location Conger/valdosta
 Call Date _____
 Date GAS Check® Requested _____
 Call-Taker's Name _____
 Instructions _____

Account Number _____
 Name Bobby Chaney
 Address 5499 Danielle Dr. N
 City, State, Zip Lake Park, 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.				RE160e		
Serial No.				TB.UA-028728		
Fuel				LP		
BTU Rating				160,000		
Manual Shut-off (Installed/Existing)				In St.		
Sediment Trap (Installed/Existing)				In St.		
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System				ok		
Ignition System(s): Mfr./Model No.				electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber				OPEN		
Venting System/Draft Diverter				OPEN		
Combustion Air				ambi		
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	615454	Trinity Indus.	1989	2025	L Side	✓	✓	✓	✓	✓	✓	25	✓	ok

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	05D2025	Rego	OK	TR9	Hor.	Dome	10 PSIG	10 PSIG
	2nd	Black	3/4	07B2025	Rego	OK	B46R	Vert.	None	11 IN WC	13 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st			
	2nd	8	8	10 min OK
THIRD STAGE				

Comments _____

 Reference Invoice No. _____ Date _____

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.

I, Seth Weeks (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

Seth Weeks

 (Customer's Signature)

 (Service Technician's Signature)