



congerlpgas.com

INVOICE / WORK ORDER NO.

117955

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 Firm Foundation - Palmer Betts RT# RT. SEQ. ACCT # 19908 DATE 10-21-25 INT AM

MAILING ADDRESS 3101 Northwind Blvd Valdosta GA 31605 CO. CITY

ADDRESS 321 Sander Rosa Ln APT/LOT NO.

CITY Adel 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: travis-fcc@gmail.com cell # 229-561-0082

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Tied into 250 underground - upsized gas lines for Adding tankless w/H. Hung w/H and performed safety check - OK. Gate code: 2693 Send

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, CODE, 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. Matt Ray 10-21-25





# Residential Gas Appliance System Check

Company/Location Conger / Valdosta  
 Call Date 10-21-25  
 Date GAS Check® Requested \_\_\_\_\_  
 Call-Taker's Name \_\_\_\_\_  
 Instructions \_\_\_\_\_

Account Number \_\_\_\_\_  
 Name Depek Shaw  
 Address 321 Sandar Rosa Ln  
 City, State, Zip Adel, GA  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Gas logs 6
Manufacturer			<u>Rinnai</u>			<u>Peterson</u>
Model No.			<u>RX199</u>			<u>610-2430-DIV</u>
Serial No.			<u>SM.BA-225751</u>			<u>2111680</u>
Fuel			<u>LP</u>			<u>LP</u>
BTU Rating			<u>149,000</u>			<u>38,000</u>
Manual Shut-off (Installed/Existing)			<u>Installed</u>			<u>Existing</u>
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			<u>electric</u>			<u>Spark</u>
Ignition System(s): Mfr./Model No.			<u>electric</u>			<u>Spark</u>
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			<u>Open</u>			<u>Open</u>
Venting System/Draft Diverter			<u>Open</u>			<u>vent-free</u>
Combustion Air						
Red Tag (removed from service)/Recall						

**TANK/CYLINDER (Additional Serial Numbers):**

COT

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF:				RELIEF VALVE		FITTINGS LEAK TEST	
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.		DATE
<u>250</u>	<u>2SV026564</u>	<u>Americanweld</u>	<u>2001</u>	<u>2025</u>	<u>Back</u>	<u>good</u>	<u>good</u>	<u>N</u>	<u>good</u>	<u>good</u>	<u>2001</u>	<u>yes</u>	<u>OK</u>

**PIPING/REGULATOR OPERATION/CONDITION**

no-anode

SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE		
	MATERIAL	SIZE										
1st	<u>Copper</u>	<u>1/2</u>	<u>07B23</u>	<u>Rego</u>	<u>good</u>	<u>K9</u>	<u>Horizon</u>	<u>Dome</u>	<u>1.5</u>	<u>PSIG</u>	<u>2.0</u>	<u>PSIG</u>
2nd												
THIRD STAGE												

**SYSTEM LEAK TEST**

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

Reference Invoice No. \_\_\_\_\_ Date \_\_\_\_\_

I, Math 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

\_\_\_\_\_  
 (Service Technician's Signature)

\_\_\_\_\_  
 (Customer's Signature)