



congerlpgas.com

INVOICE / WORK ORDER NO.

118013

146 S. Ridge Ave. Tifton, GA 31794 (229) 886-5574

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 Owens Vinyl RT# RT. SEQ. ACCT # 20152 DATE 10-15-25 INT RW

MAILING ADDRESS CO. CITY

Job: 303 Berry field cir ADDRESS APT/LOT NO.

CITY Habiva STATE ZIP CODE

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

email: owensvinyl@hotmail.com cell #

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED

DIRECTIONS:

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, CODE, PARTS/MAT. USED, TANK RENT

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE. Includes checkboxes for compliance and a detailed LEAK AND PRESSURE TEST table with columns for HIGH, 1st Stage, 2nd Stage, LOW, START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES, PRESSURE AS LEFT.

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 10-15-25 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

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

Account Number _____
 Name John Owens
 Address 303 Berry field Cir
 City, State, Zip Hahira
 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.			SFMA-078405			
Fuel			LP			
BTU Rating			160,000			
Manual Shut-off (Installed/Existing)			Inst.			
Sediment Trap (Installed/Existing)			Inst.			
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	378192	Atty. Steel	1993	2025	R. Side	✓	✓	✓	✓	✓	✓	2022	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							IN WC	PSIG	IN WC	PSIG	
SECOND STAGE	1st	Copper	3/8"	05D2025	Rego	New	TR9	Hor.	Dome	10	PSIG	10	PSIG
	2nd	Black	3/4"	07B2025	Rego	New	B46R	Vert.	None	11	IN WC	13	IN WC
THIRD STAGE													

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	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.

_____ (Customer's Signature)

I, Sch (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)