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INVOICE / WORK ORDER NO.

116940

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

Gas

NAME Chris Mill Homes RT# RT. SEQ. ACCT # 04-22240 DATE 11-6-25 INT JK

MAILING ADDRESS CO. CITY

ADDRESS 1111 Howard Rd. APT/LOT NO.

CITY Pavo STATE GA ZIP CODE 31778

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:
cell #
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

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

WORK PERFORMED: Hung TWH. Converted Stone and converter Set 170 gallon tank installed w/... REGULATION INFORMATION MAKE: Rego MODEL: LVAH03TR9 DATE CODE: 030/25 VENT: down

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE
SERVICES TO COMPLETE IN PRESENCE OF CUSTOMER: 1) STORAGE SYSTEM INSTALLED... 2) ALL APPLIANCES INSTALLED... LEAK AND PRESSURE TEST HIGH: 1st Stage 2nd Stage LOW START LOCK-UP: PSI PSI START LOCK-UP: W.C. TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C. AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C. PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C. SALES TAX 16.20 2.70 88.00 1.52 LABOR GB 360.00 COMP C/E 18.95 Pinnai Rebate (200.00) GPC Rebate (200.00) INV. TOTAL 1823.57 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

11/6/2025 DATE

CUSTOMER SIGNATURE



# Residential Gas Appliance System Check

Company/Location Conger Mouthier

Call Date \_\_\_\_\_

Date GAS Check® Requested \_\_\_\_\_

Call-Taker's Name \_\_\_\_\_

Instructions \_\_\_\_\_

Account Number 04-22240  
 Name Chris Mill Hayes  
 Address 111 Howard Rd.  
 City, State, Zip Pawo, WA 31778  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Logs 6
Manufacturer			Rinnai	GE		Superior
Model No.			PER00P	AS5500SV2SS		VD1824PR
Serial No.			TH.0P-12310SA157876			AZ5B0B217
Fuel			propane	propane		35,000 BTU
BTU Rating			180,000	59,000		propane
Manual Shut-off (Installed/Existing)			Installed	Installed		Installed
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.			OR			
Pilot(s)/Pilot Safety System			OR	OR		OR
Ignition System(s): Mfr./Model No.			OR	OR		OR
Thermostats: Mfr./Model No.			OR	OR		OR
Burner(s)/Combustion Chamber			OR	OR		OR
Venting System/Draft Diverter			OR	OR		OR
Combustion Air			ambient	ambient		ambient
Red Tag (removed from service)/Recall			NO	NO		NO

### 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	155845	Quality	2025	2025	AA	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								
1st	Copper	1/2"	030/2025	Rago	New	TR9	down	dome	PSIG	PSIG
2nd	CSSF	3/4"	100/2002	Rago	New	Y46R	down	eye	IN WC	IN WC
THIRD STAGE									IN WC	IN WC

### SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st				
2nd	9.0" W.C.	9.0" W.C.	10 minutes	yes
THIRD STAGE				

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

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

Jordan Ledford (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

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

Jordan Ledford  
 (Service Technician's Signature)

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.