



MOVE in date After 4th Nov.
congerlpgas.com

INVOICE / WORK ORDER NO.
118169

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 Clay Boseman RT# _____ RT. SEQ. _____ ACCT # 4.24369 DATE 10-28-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____
NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

Job: 8153 Hwy 122 west
ADDRESS _____ APT/LOT NO. _____
CITY Hahira STATE GA ZIP CODE _____

SERVICE REQUESTED: CASH CHARGE DATE PROMISED _____

email: _____
cell # 229-300-6957
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang Re 180 deg, Install legs already there, Trench over to where tank set. Install Chase Pipe (2") bury down 18" to 24"
5th - 251031-003183

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

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>70'</u>	<u>5/4 Poly</u>				<u>66.50</u>
<u>25'</u>	<u>1/2 copper</u>				<u>99.00</u>
<u>1</u>	<u>Poly T 3/4</u>				<u>73.27</u>
<u>2</u>	<u>poly transitions</u>				<u>126.46</u>
<u>1</u>	<u>poly flex riser</u>				<u>59.36</u>
<u>4</u>	<u>1/2 flare nuts</u>				<u>11.80</u>
<u>2</u>	<u>3/4 coupling</u>				<u>5.90</u>
<u>2</u>	<u>3/4-1/2 mip</u>				<u>4.10</u>
<u>1</u>	<u>Rinnai</u>	<u>Rel50 TF-UT-08030</u>			<u>1199.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: _____ MODEL: _____		<u>WH</u>
	DATE CODE: _____ VENT: _____		<u>MP</u>
			<u>MS</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		SALES TAX	SALES AMOUNT
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		<u>3.20</u>	<u>50.40</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		<u>3.2</u>	<u>96.00</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>		<u>50</u>	<u>1.02</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			
X _____ CUSTOMER SIGNATURE			
LEAK AND PRESSURE TEST			
HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	PSI	PSI	START LOCK-UP: W.C. LABOR
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE W.C.
AFTER 10 MINUTES: PRESSURE AS LEFT:	PSI	PSI	AFTER 10 MINUTES: W.C.
			W.C.
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.
11-5-25 DATE
X _____ CUSTOMER SIGNATURE
APC Rebate (200.00)
Rinnai Rebate (200.00)



Residential Gas Appliance System Check

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

Account Number _____
 Name Clay Roseman
 Address 8153 Hwy 122 West
 City, State, Zip Hahira GA
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Superior	Rinnai			
Model No.		VD2284	RE180c			
Serial No.		10004288	TF. WA-020030			
Fuel		LP	LP			
BTU Rating		36,000	180,000			
Manual Shut-off (Installed/Existing)		Inst.	Inst.			
Sediment Trap (Installed/Existing)		—	Inst.			
Control Mfr./Model No.		—	—			
Pilot(s)/Pilot Safety System		OK	OK			
Ignition System(s): Mfr./Model No.		electric	electric			
Thermostats: Mfr./Model No.		—	—			
Burner(s)/Combustion Chamber		open	open			
Venting System/Draft Diverter		open	open			
Combustion Air		ambi	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	1559458	Alfa Steel	2025	2025	L. Side	✓	✓	✓	✓	✓	✓	2025	✓	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	
SECOND STAGE	1st	Copper	1/2"	05D2025	Rego	OK	TR9	Hor.	Dome	10 PSIG	10 PSIG
	2nd	Black	3/8"	07B2024	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	8	8	10min	OK
	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.

_____ (Customer's Signature)

Reference Invoice No. _____ Date _____

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
 (Service Technician's Signature)

Donald A. ...