



congerlpgas.com

INVOICE / WORK ORDER NO.

117991

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 Classic Homes by Weaver RT# _____ RT. SEQ. _____ ACCT # 19957 DATE 10/30/25 INT TJ

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 3871 Lu Lane APT/LOT NO. _____
CITY Hahira 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: weavhomes@yahoo.com
cell # 229-562-5365
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Needs tank set and tankless w/H Hung - Call in Final.
10 gal

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>	<u>1559430</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>27</u>	<u>3/8 Copper</u>				<u>69.12</u>
<u>2</u>	<u>3/8 Flare</u>				<u>2.16</u>
<u>1</u>	<u>bropleg</u>				<u>21.83</u>
<u>1</u>	<u>1/2-3/8 cutoff</u>				<u>38.11</u>
<u>1</u>	<u>BHOR</u>				<u>13.11</u>
<u>1</u>	<u>Rinnai</u>	<u>RE160eP</u>	<u>TB.0A-028034</u>		<u>899.95</u>
<u>1</u>	<u>Permit</u>				<u>77.62</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	<u>WA</u>	<u>899.95</u>
	DATE CODE: _____ VENT: _____	TANK RENT	<u>MP</u>	<u>164.33</u>
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		LEAK AND PRESSURE TEST		SALES TAX _____ %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>		HIGH: 1st Stage 2nd Stage LOW		
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		START LOCK-UP: _____ PSI	START LOCK-UP: _____ PSI	LABOR <u>1mm</u> <u>hour</u>
X _____ CUSTOMER SIGNATURE		TANK OFF: PRESSURE _____ PSI	TANK OFF: PRESSURE _____ PSI	<u>RE</u> <u>77.62</u>
		AFTER 10 MINUTES: _____ PSI	AFTER 10 MINUTES: _____ PSI	<u>Rinnai Rebate (200.00)</u>
		PRESSURE AS LEFT: _____ PSI	PRESSURE AS LEFT: _____ PSI	<u>GFC Rebate (200.00)</u>
		PIPING PRESSURE TEST		INV. TOTAL <u>1417.89</u>
		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.

[Signature] SERVICE REP. SIGNATURE 10-30-25 DATE _____ CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Valdosta
Call Date 10-30-25
Date GAS Check Requested
Call-Taker's Name
Instructions

Account Number
Name Classic Homes By Weaver - Austin Weaver
Address 3871 Lulane
City, State, Zip Valdosta GA
Telephone: Office Home

Table with 7 columns: PERFORMANCE CHECK: ITEM, Central Heating 1, Room Heating 2, Water Heater 3, Range 4, Clothes Dryer 5, 6. Rows include Manufacturer (Rinnai), Model No. (R160e), Serial No. (TB-LA-028234), Fuel (LP), BTU Rating (160,000), Manual Shut-off (inst), Sediment Trap (inst), Control Mfr./Model No., Pilot(s)/Pilot Safety System (OK), Ignition System(s) (Electrical), Thermostats, Burner(s)/Combustion Chamber (Open), Venting System/Draft Diverter (Open), Combustion Air (ambi).

TANK/CYLINDER (Additional Serial Numbers): Table with columns: SIZE, SERIAL NUMBER, MFR., MFR. DATE, LAST TEST DATE, LOCATION, CONDITION OF: (TANK, PAINT, PIGTAIL, FITTINGS, GAUGE), RELIEF VALVE (COND., DATE, CAP), FITTINGS LEAK TEST. Row 1: 120, 1359430, Quality, 7025, 2025, S'IDE, /, /, /, /, /, /, 25, /, /.

PIPING/REGULATOR OPERATION/CONDITION Table with columns: SINGLE STAGE, PIPING (MATERIAL, SIZE), REGULATOR MFR. DATE (CODE), MFR., REGULATOR CONDITION, MODEL, REG. VENT POSITION, HOW PROTECTED, FLOW PRESSURE, LOCK-UP PRESSURE. Rows for 1st and 2nd stages with handwritten entries like 'Copper 3/8', 'Black 3/4', 'Rego', 'TRA HOR lid 10 PSIG 10 PSIG', 'B46R Vert none 11 IN WC 13 IN WC'.

SYSTEM LEAK TEST Table with columns: SINGLE STAGE/INTEGRAL/SECOND STATE, START PRESSURE (INCHES WC), END PRESSURE (INCHES WC), TIME HELD, SYSTEM OK. Row 1: 8, 8, 10 min, OK.

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. 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 [X] Yes
Performed Leak/Pressure Test [X] Yes
Placed Safety Decal [X] Yes
Left Consumer Safety Information and Material [X] Yes
Seth Weeks (Service Technician's Signature)