



congerlpgas.com

INVOICE / WORK ORDER NO.

117992

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

ADDRESS 3875 Lu Lane APT/LOT NO. _____ CITY Habira 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 # 229-563-5365

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set tank and hang tankless w/H - call in Final 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

Table with columns: LEAK AND PRESSURE TEST (HIGH, 1st Stage, 2nd Stage, LOW), START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES PRESSURE, AS LEFT, PIPING PRESSURE TEST (START, PSIG, FINISH, PSIG), SALES TAX, LABOR, MAN HOUR, GPC Rebate, Kinnai Rebate, INV. TOTAL, 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 DATE 10-30-25 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger LP Gas, Valdosta

Call Date 10-29-25

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Classic Homes By Weaver - Austin

Address 3875 Lu Lane

City, State, Zip Valdosta GA

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. | | | Relboe | | | |
| Serial No. | | | TB-WA-028756 | | | |
| Fuel | | | LP | | | |
| BTU Rating | | | 166,000 | | | |
| 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 | 1559431 | Quality | 2025 | 2025 | Side | / | / | / | / | / | / | 25 | / | / |

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 | 3/8 | opper | | Rego | ✓ | TR9 | Hor | lid | 10 PSIG | 10 PSIG |
| 2nd | 3/4 | Black | | Rego | ✓ | 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 (INCHES WC) | END PRESSURE (INCHES WC) | TIME HELD | SYSTEM OK |
|--------------------------------------|----------------------------|--------------------------|-----------|-----------|
| 1st | | | | |
| 2nd | 8 | 8 | 10 min | OK |
| THIRD STAGE | | | | |

Comments _____

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)

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)