



congerlpgas.com

Gas

INVOICE WORK ORDER NO.

125677

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 Pawn Griffin RT# _____ RT. SEQ. _____ ACCT # 03.24138 DATE 12-26-25 INT _____

MAILING ADDRESS 1246 Perry Betts Rd CO. _____ CITY _____

ADDRESS old Church APT/LOT NO. _____

CITY Norman Park STATE GA ZIP CODE 31771

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: dawnbryant@hotmail.com
cell # 229-828-1116
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: _____

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	15 Feet 1/2 Copper	KE 1602	7DUA-049006		1099.95
	2 mts				67.00
	1 wt off				4.00
	1 Regulator				20.00
					68.95

WORK PERFORMED: Installed new REGULATION INFORMATION _____ APPLIANCES/EQUIP. SOLD _____ CODE _____

Water Heater on social MAKE: Rejo MODEL: TR9 PARTS/MAT. USED: MP 161 13

1411 Behind old Church DATE CODE: 10-24 VENT: Horizontal TANK RENT: MS 20 47

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 _____ %	LABOR _____
	HIGH:	1st Stage	2nd Stage		
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.

X _____ CUSTOMER SIGNATURE

PIPING PRESSURE TEST

START	PSIG	FINISH	PSIG	INV. TOTAL
				<u>1384.55</u>

AMOUNT RECEIVED: 500 200.00

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: [Signature] DATE: 11/25/2025 CUSTOMER SIGNATURE: _____