



congerlpgas.com

INVOICE / WORK ORDER NO.

118189

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 David & Deidre Yates RT# RT. SEQ. ACCT # 04-23635 DATE 11-20-05 INT RM

MAILING ADDRESS CO. CITY ADDRESS 16017 Moultrie Hwy APT/LOT NO. CITY Barney STATE GA ZIP CODE

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

email: mrsdidreyates@gmail.com cell # 229-251-2565 PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: [ ] CASH [ ] CHARGE DATE PROMISED DIRECTIONS: Ready for Tank set, Hook up all appliances, convert and install cook top/Range, logs, Titus H.

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

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, W.C., LABOR, Binnai Rebate, GPC 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 12-5-25 CUSTOMER SIGNATURE



### Residential Gas Appliance System Check

Company/Location Conger LP Gas Valdosta

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

Date GAS Check® Requested \_\_\_\_\_

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

Instructions \_\_\_\_\_

Account Number \_\_\_\_\_  
 Name Debra Yates  
 Address 16017 Maurice Hwy  
 City, State, Zip Barney Ga  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Peterson	Rinnai	Forno		
Model No.		610-24/30-15	RSC199CP	FFS656244-48		
Serial No.		1216531	RHBA-108242	-		
Fuel		LP	LP	LP		
BTU Rating		37,000	199,000	153,000		
Manual Shut-off (Installed/Existing)		inst	inst	inst		
Sediment Trap (Installed/Existing)			inst			
Control Mfr./Model No.		<del>OK</del>	-	-		
Pilot(s)/Pilot Safety System		OK	OK	OK		
Ignition System(s): Mfr./Model No.		Electric	electric	electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Open	Open	Open		
Venting System/Draft Diverter		Open	Open	Open		
Combustion Air		ambi	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	1559445	Quality	2023	7025	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							IN WC	PSIG	
1st	Copper	1/2		Rego	✓	TR9	Hor	lid	10	PSIG	10 PSIG
2nd	CSST	1/2		↓	✓	Y46R	vert	none	12	IN WC	2psi IN WC
THIRD STAGE	Black	3/4		↓	✓	B46R	vert	none	11	IN WC	13 IN WC

**SYSTEM LEAK TEST**

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st				
2nd				
THIRD STAGE				

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

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

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.

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

\_\_\_\_\_  
 (Service Technician's Signature)

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