



congerlpgas.com

INVOICE / WORK ORDER NO.

121355

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 McDonald Const RT# _____ RT. SEQ. _____ ACCT # 2-16600 DATE 12-12-25 INT _____

MAILING ADDRESS 119 Elli DR CO. _____ CITY _____

ADDRESS (Bennett) APT/LOT NO. _____

CITY Sylvester 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 _____

Ephesus Church Rd
WH, gull, stove stub lines
DIRECTIONS: _____

email: _____
cell # 881-9477
PAY BILL ONLINE @congerlpgas.com

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
	<u>RelBoe</u>	<u>RE180CP</u>	<u>TE. UA-070095</u>	<u>(KH)</u>	<u>1199 95</u>
<u>18"</u>	<u>3/4 trac</u>			<u>7 95</u>	<u>143 10</u>
<u>44"</u>	<u>1/2 trac</u>			<u>5 95</u>	<u>261 80</u>
	<u>1/2 wall box</u>				<u>89 95</u>
	<u>Settlement trap w/cutoff</u>				<u>44 95</u>
	<u>3/4 Trac end</u>				<u>44 95</u>
<u>3</u>	<u>Stricker plates</u>			<u>7 95</u>	<u>23 85</u>
					<u>(MP)</u>
					<u>608 60</u>

WORK PERFORMED: <u>Stubbed lines and hung water heater</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	<u>(MP)</u>	<u>48 52</u>
MAKE: _____	MODEL: _____	PARTS/MAT. USED	<u>(NAS)</u>	
DATE CODE: _____	VENT: _____	TANK RENT		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	LEAK AND PRESSURE TEST	SALES TAX	<u>CF</u>	<u>18 95</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	_____ %		<u>96 00</u>
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. LABOR		<u>48 69</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE PSI PSI	TANK OFF: PRESSURE W.C.	<u>GR</u>	<u>3 88</u>
AFTER 10 MINUTES: PSI PSI	AFTER 10 MINUTES: W.C.			<u>200 00</u>
PRESSURE AS LEFT: PSI PSI	PRESSURE AS LEFT: W.C.			<u>(200 00)</u>
CUSTOMER SIGNATURE _____	PIPING PRESSURE TEST	INV. TOTAL		<u>2026 11</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.

Justin Scobell SERVICE REP. SIGNATURE 9-4-2025 DATE _____ CUSTOMER SIGNATURE