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Valdosta, GA 31602  
(229) 469-4250

NAME McDowell Const RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 03.22150 DATE 4-19-25 INT BP

MAILING ADDRESS @ Moss Family Farm House CITY \_\_\_\_\_  
3618 Funston Sale City Rd

ADDRESS \_\_\_\_\_ APT/LOT NO. \_\_\_\_\_

CITY Oberon STATE GA ZIP CODE 31744

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED \_\_\_\_\_

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

email: \_\_\_\_\_  
cell # \_\_\_\_\_

**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   | Binna RC 180e                                |         | 5K.4A-14535   |            | 1199.95      |
| 1   | 2 lb Reg                                     |         |               |            | 79.95        |
| 2   | max 4 nozzles                                |         |               |            | 84.90        |
| 1   | Fron                                         |         |               |            | 80.00        |
| 2   | Shut off Ps                                  |         |               |            | 39.90        |
| 600 | 3/4 True                                     |         |               |            | 357.00       |
| 2   | Straights                                    |         |               |            | 79.90        |
|     |                                              |         |               |            |              |
|     |                                              |         |               |            |              |

|                                   |                        |                    |                         |           |               |
|-----------------------------------|------------------------|--------------------|-------------------------|-----------|---------------|
| WORK PERFORMED: <u>Install WH</u> | REGULATION INFORMATION |                    | APPLIANCES/ EQUIP. SOLD | CODE      |               |
| <u>gas ck no leaks</u>            | MAKE: <u>Fisher</u>    | MODEL: <u>622L</u> | PARTS/MAT. USED         | <u>MP</u> | <u>726.65</u> |
|                                   | DATE CODE: <u>8-15</u> | VENT: <u>Hor</u>   | TANK RENT               | <u>MS</u> | <u>65.20</u>  |
|                                   |                        |                    |                         | <u>CF</u> | <u>14.95</u>  |

|                                                                                                         |                            |           |                        |                                   |                                          |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------|------------------------|-----------------------------------|------------------------------------------|
| SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE                                 |                            |           |                        |                                   |                                          |
| SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:                                                         |                            |           | LEAK AND PRESSURE TEST |                                   | SALES TAX _____ %                        |
| 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>     | HIGH:                      | 1st Stage | 2nd Stage              | LOW                               |                                          |
| 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: <u>1.9</u> W.C.    | LABOR <u>LB</u> <u>360.00</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 <u>9</u> W.C.  | <u>GPC</u> <u>400.00</u>                 |
|                                                                                                         | AFTER 10 MINUTES: PRESSURE | PSI       | PSI                    | AFTER 10 MINUTES: <u>9</u> W.C.   |                                          |
|                                                                                                         | PRESSURE AS LEFT:          | PSI       | PSI                    | PRESSURE AS LEFT: <u>1.9</u> W.C. |                                          |
| X _____                                                                                                 | PIPING PRESSURE TEST       |           |                        | INV. TOTAL                        | <u>2127.30</u>                           |
| CUSTOMER SIGNATURE                                                                                      | START                      | PSIG      | FINISH                 | PSIG                              | AMOUNT RECEIVED <u>GPC</u> <u>400.00</u> |

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

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY