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INVOICE / WORK ORDER NO.

116256

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 Copeland RT# _____ RT. SEQ. _____ ACCT # 04-23293 DATE 04/04/25 INT ml

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 6280 Chanay Dr APT/LOT NO. _____CITY Hahira STATE GA ZIP CODE 31632SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

T/S coordinate with (Anderson) Generator for
Monday April 7th, as well as installation
DIRECTIONS: of RL-75ep Rinnai water heater.

NEW CUSTOMER INFORMATION

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

email: dmcopeland90@yahoo.com
cell # 229-630-1547

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
T/S	250								

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
55'	1/2 copper				272 25
33'	5/8 copper				229 35
8'	1/2 flare nuts				23 60
2	5/8 flare nuts				3 90
2	Bulbs				139 90
2	1/2 cutoff flares				49 90
1	3/4 T				14 95
2	3/4 Coupling				3 95
1	3/4 Elbow				3 95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MP	903 38
	DATE CODE:	VENT:	TANK RENT	MS	97 40
				CF	14 95

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 ☐		HIGH:	1st Stage	2nd Stage	LOW	8 %	80.00 72.27
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐		START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	1.60 7.79
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.	45min
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	TS 20 00
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	60C 4 00 00
X _____		PIPING PRESSURE TEST				INV. TOTAL	2896.94
CUSTOMER SIGNATURE		START	PSIG	FINISH	PSIG	AMOUNT RECEIVED	2918.54

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



Residential Gas Appliance System Check

Account Number 04-23293
Name David Copeland
Address 6280 Chaney dr
City, State, Zip Hahira Ga
Telephone: Office _____ Home 229-630-1547

Company/Location Conger LP Gas / Valdosta
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer			Rinnai			Generac
Model No.			RL75			600721010
Serial No.			PLCA-042433			3016525301
Fuel			LP			LP
BTU Rating			180,000			333,000
Manual Shut-off (Installed/Existing)			installed			installed
Sediment Trap (Installed/Existing)			installed			existing
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			OK
Ignition System(s): Mfr./Model No.			electric			electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			open
Venting System/Draft Diverter			open			open
Combustion Air			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	
✓ 250	1335569	Quality	2025	2025	Side	✓	✓	✓	✓	✓	✓		✓	✓

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	copper	5/8	05024	Rego	✓	TR9	hor	lid	10 PSIG	10 PSIG
2nd	Black	3/4	05024	Rego	✓	B46R	vert	none	11 IN WC	13 IN WC
THIRD STAGE	Black	3/4	05024	Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)		
1st				
2nd	9	9	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)

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.

David Copeland
(Customer's Signature)