CONGER FUELING LIFE LP GAS

Remodel Job 9662

congerlpgas.com

INVOICE / WORK ORDER NO. 113216

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

NAME Tom Brazas RT# ____ RT. SEQ. ____ ACCT # 4-23025 DATE 4-10-25 INT ____

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 8355 old Madison Rd APT/LOT NO. ____

CITY Quitman 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 ____

email:

cell #

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang tankless and tied in. Made system 2psi. Safety check-ok

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	Rinnai	RSC199e	RH. BA-107631		1299 99
1	3/4 sediment trap				31 00
1	1/2 sediment trap				29 00
1	1/2 Maxitrol				49 95
1	3/4 Maxitrol				74 95
4	3/4 straight end				179 80
15	ft 3/4 trac pipe				119 25
1	3/4 cutoff				19 95
1	1/2 Cutoff				19 95

WORK PERFOMED:

REGULATION INFORMATION

MAKE: MODEL:

DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	1299 99
PARTS/MAT. USED	MP	542 60
TANK RENT	MS	75 76
	CF	14 95
SALES TAX ____ %		104.82 43.41 6.06 1.20
LABOR 3men 3hours		720 00
Rinnai Rebt		200 00
GPC		400 00
INV. TOTAL		
AMOUNT RECEIVED		

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 ☐

2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐

I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X ____ CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	PSI	PSI	START LOCK-UP: W.C.
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE W.C.
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES: W.C.
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT: W.C.

PIPING PRESSURE TEST

START PSIG FINISH PSIG

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.

Matthew Rx SERVICE REP. SIGNATURE

1-10-25 DATE

X ____ CUSTOMER SIGNATURE

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

New

CONGER FUELING LIFE LP GAS

GASCheck Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger / Valdosta

Call Date 4-26-25

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number 23025

Name Inna Brazas

Address 8355 Old Madison

City, State, Zip Quitman, GA

Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	~~Room~~ Heating 2	Water Heater 3	Range 4	~~Clothes Dryer~~ 5	6
Manufacturer	RUUP	Bryant	Rinnai	Fivestar	Noritz	
Model No.	RC.BA-488ZAS24	577CNWAYB1154SP	RSC199e	TTMS10-EFLW	NR-501-00	
Serial No.	M3698	0510C46247	RH.BA07621	0084471	2017.11-012120	
Fuel	LP	LP	LP	LP	LP	
BTU Rating	Unknown	115,000	199,000	150,000	120,000	
Manual Shut-off (Installed/Existing)	Existing	Existing	Installed	Existing	Installed	
Sediment Trap (Installed/Existing)		Existing	Installed		Installed	
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System	elec	elect	elec	Spark	electric	
Ignition System(s): Mfr./Model No.	elec	elec	elec	Spark	elec	
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber	Open	Open	Open	Open	Open	
Venting System/Draft Diverter	Vented	Open	Open	Open	Open	
Combustion Air						
Red Tag (removed from service)/Recall						

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
250	2560335547	American Weld	1997	1997	Back	good	N	N	N	N	N	24	yes	OK

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE										IN WC	IN WC
SECOND STAGE	1st	Copper	5/8	0723	Rego	N	49	Horizon	Dome	1.5 PSIG	2 PSIG
	2nd	Iron	3/4	—	Maxitrol	N	325	Horizon	Under Hood	11 IN WC	13 IN WC
THIRD STAGE		Iron	1/2	—	Maxitrol	N	325	Horizon	Eve	11 IN WC	12.5 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st	9.0 w.c.	9.0 w.c.	10	yes
	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, Matt / Donald (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

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.

_____ (Customer's Signature)

_____ (Service Technician's Signature)