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INVOICE / WORK ORDER NO.

115802

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

Contractor:

NAME Premiere Southern RT# 9687 RT. SEQ. 9687 ACCT # 4.21602 DATE 4-23-25 INT

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

Job:

ADDRESS 4 Ramblewood APT/LOT NO. \_\_\_\_\_CITY Valdosta STATE GA ZIP CODE \_\_\_\_\_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:

10 gallons

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1528520			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
15	ft 1/2 copper				74.25
2	1/2 FL nuts				5.90
1	3/8 x 18" appliance connector				19.95
1	1/2 x 48" appliance connector				34.95
2	1/2 FL x 1/2 mat				49.90
3	1/2 cutoff valves				59.85
1	3/4 cutoff valve				24.95
1	Y46R				99.95
2	B46R				159.90

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	WH	WH	899.95
	DATE CODE:	VENT:	WH	MS	899.95
			TANK RENT	MS	983.60

## 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:	W.C.
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.
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.
X _____		PIPING PRESSURE TEST			LABOR	2 men 4.5 hrs
CUSTOMER SIGNATURE		START	PSIG	FINISH	PSIG	MS
					INV. TOTAL	200.00
					AMOUNT RECEIVED	400.00
						3948.57

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



2310-B Highway 84 W  
Valdosta, GA 31602  
(229)469-4250

5802

NAME Premiere Southern RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT# \_\_\_\_\_ DATE \_\_\_\_\_ INT \_\_\_\_\_

[illegible]

### ADDITIONAL COMMENTS

REGULATOR INFORMATION			MAKE:		MODEL:		DATE CODE:		VENT:		
LEAK AND PRESSURE TEST		START LOCK UP:	PSI	TANK OFF PRESSURE:	PSI	AFTER 10 MINUTES:	PSI	PRESSURE AS LEFT:	PSI	PIPING PRESSURE TEST	
		STOCK LOCK UP:	W.C.	TANK OFF PRESSURE:	W.C.	AFTER 10 MINUTES:	W.C.	PRESSURE AS LEFT:	W.C.	START	PSIG FINISH

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



Safeguarding you and your propane system

## Residential Gas Appliance System Check

Company/Location Conger Valdosta

Call Date 4-23-25

Date GAS Check® Requested \_\_\_\_\_

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

Instructions \_\_\_\_\_

Account Number 04-23443

Name Thad Mitchell

Address 4 Rumblewood

City, State, Zip Valdosta, GA 31602

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer	Superior	Rinnai	Rinnai	GE	NXR	
Model No.	VD1824RR	RL75C	RL75C	GG5600A12DS	740 LS36BI	
Serial No.	A24C18903	PLCA-037361	PLCA-034610	DA0717250	5HFLS36B10820	
Fuel	LP	LP	LP	LP	LP	
BTU Rating	36,000	180,000	180,000	55,000	62,000	
Manual Shut-off (Installed/Existing)	Installed	Installed	Installed	Installed	Installed	
Sediment Trap (Installed/Existing)		Installed	Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System	Standing	electric	electric	electric	electric	
Ignition System(s): Mfr./Model No.	Spark	electric	electric	electric	Spark	
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber	Open	Open	Open	Open	Open	
Venting System/Draft Diverter	Ventfree	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:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
120	1528520	Quality	2024	2024	Right	N	N	N	N	N	N	24	yes	OK

### 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	IN WC	PSIG
SECOND STAGE	1st	Iron	3/4	02 D 24	Rego	N	B46R	Down	Eve	11	IN WC	13	IN WC
	2nd	1/2	Copper	05 D 24	Rego	N	TR9	Horizontal	Dome	8	PSIG	10	PSIG
		3/4	CSST	04 E 24	Rego	N	V46R	Down	Eve	1.5	IN WC	2.0	IN WC
THIRD STAGE		3/4	IRON	10 D 2020	Rego	N	B66	Down	Eve	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	9.0wc	9.0wc	10	yes
2nd				
THIRD STAGE				

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I, Matthew Ray (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)

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.

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