



congerlpgas.com

INVOICE / WORK ORDER NO.

116141

146 S. Ridge Ave.  
Tifton, GA 31794  
(229) 396-5574

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 Hendrix Construction RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 4-20029 DATE 4-1-25 INT \_\_\_\_\_

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

ADDRESS 10055 Springhill APT/LOT NO. \_\_\_\_\_

CITY Thomasville 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](http://congerlpgas.com)

## DIRECTIONS:

Complete fire and tank set

TANK NO.	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED COMPONENTS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	W. PULL
<u>Set</u>	<u>120</u>	<u>1528562</u>	<u>10</u>	<u>Gallons</u>					

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>15'</u>	<u>1/2" Copper</u>				<u>74 25</u>
<u>2</u>	<u>1/2" fl nuts</u>				<u>5 90</u>
<u>1</u>	<u>1/2" fl x 1/2" mpt cut-off</u>				<u>24 95</u>
<u>1</u>	<u>Rego 846R</u>				<u>49 95</u>
<u>5</u>	<u>3/4" x close nipple</u>				<u>4 75</u>
	<u>3/4" tee</u>				<u>4 95</u>
	<u>Ball Reducer</u>				<u>2 95</u>
<u>1</u>	<u>3/4" sediment trap</u>				<u>31 00</u>
<u>1</u>	<u>water htr flexhose</u>				<u>19 95</u>

WORK PERFORMED	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	
	DATE CODE:	VENT:	TANK RENT	

## SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

CE 14 95

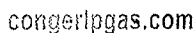
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				LEAK AND PRESSURE TEST		SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH NFPA PAMPHLET NUMBER 58				HIGH:	1st Stage	2nd Stage	LOW
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH NFPA PAMPHLET NUMBER 54				START LOCK-UP:	PSI	PSI	START LOCK-UP:
				TANK OFF:	PSI	PSI	TANK OFF:
				PRESSURE	PSI	PSI	PRESSURE
				AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:
				PRESSURE	PSI	PSI	PRESSURE
				AS LEFT:	PSI	PSI	AS LEFT:
CUSTOMER SIGNATURE				PIPING PRESSURE TEST		INV. TOTAL	
				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.

CL. It

4/1/25

x



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

116143

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

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



## Residential Gas Appliance System Check

Company/Location Conger / va. ldesta  
Call Date 0504-1-25  
Date GAS Check® Requested \_\_\_\_\_  
Call-Taker's Name \_\_\_\_\_  
Instructions \_\_\_\_\_

Account Number \_\_\_\_\_  
Name Eric Headrick  
Address 00155 Springhill  
City, State, Zip Thomasville, GA  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2 <sup>gas logs</sup>	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Superior	Rinnai	GE		
Model No.		VD1824PR	RF180C	ZG036E9133S		
Serial No.		A241035855	SM-UA-188SP	RV099092Q		
Fuel		LP	LP	LP		
BTU Rating		36,000	180,000	60,000		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		Standing	electric	electric		
Ignition System(s): Mfr./Model No.		spark	electric	electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		vent-free	exterior	open		
Combustion Air						
Lead Tag (removes 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	
20	1527562	Quality	2024	2024	LP4	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								
1st	Copper	1/2	05 D24	Rego	N	TR9	Horizon	Dome	8 PSIG	10 PSIG
2nd	Copper	1/2	04 F24	Rego	N	446R	Down	Eve	1.5 PSIG	2.0 PSIG
3rd	Copper	1/2		Manitol	N	1/2	Horizon	Attic	11 IN WC	12 IN WC

SYSTEM LEAK TEST

STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st	9.0wc	9.0wc	10	yes
2nd				
3rd				

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

- (Please print name) \_\_\_\_\_
- I know how to turn off the gas in case of emergency.
  - I have smelled propane and can detect its odor.
  - I have received the consumer safety information and material.
  - I had gas system deficiencies and/or corrections, if any, clearly explained to me.
  - I am satisfied with the service work performed.

(Customer's Signature)

(Service Technician's Signature)

## Required Safety inspections

This page must be completed and included with the rebate application. Failure to include this page will automatically disqualify the customer for the safety rebate.

Test	Beginning Pressure	Ending Pressure	Test Duration
Pressure test (when required by code or local authority)	10 psi	10 psi	24 hrs
Leak test	9" wc	9" wc	10 min
Flow test			
Lock-up pressure			

Technician's Certification: I, Donald Alford, certify that the above tests were performed and the results were recorded correctly.

Date of Inspection: \_\_\_\_\_

Propane Dealer's Signature: \_\_\_\_\_

This paperwork must be submitted to the GA Propane Commission within 30 days of appliance inspection date to receive rebate.

### *Disclaimer:*

*The propane dealer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane dealer that the work shown on the form has actually been completed. A safety inspection must be performed by the participating propane dealer after the installation of each new qualifying appliance(s) and the result of that inspection must be documented on the Application form. The safety inspection for qualifying appliance installations must, at a minimum, include the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane dealer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and GA Propane Commission assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and GA Propane Commission disclaims any liability for any personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the installation of the qualifying appliance(s).*

Please submit your 2-page rebate form and receipt(s) to:

Mail: GA Propane Commission  
5109 Hollyridge Dr.  
Raleigh, NC 27612

Fax: 919 781-7481

Email: [info@gapropanerebates.com](mailto:info@gapropanerebates.com)

As of: 03/01/2023