CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 116376

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. 9351 9352

NAME Town + Country RT# ____ RT. SEQ. ____ ACCT # 4.19146 DATE 3-10-25 INT ____

MAILING ADDRESS Timber Wind CO. ____ CITY ____

Job: ADDRESS 5582 Timber Wind Cir. APT/LOT NO. ____

CITY Lake Park 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: Tank set

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	32677	25						

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
45'	1/2 Copper				156 37
2	1/2 flare nuts				2 10
1	1/2 cutoff Flare				15 07
1	X46R				73 55
3	3/4 Close nips				1 26
1	3/4 T				1 67
2	3/4 bell reducer				2 20
1	Drip leg				31 50
1	Flexline				8 20

WORK PERFOMED:

REGULATION INFORMATION

MAKE: MODEL:

DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	1299 95
PARTS/MAT. USED	AP	1577 95
~~TANK RENT~~	MP	254 20
	CF	14 95
SALES TAX ____ %	104.00 3.38	1260 24 2034 1 20
LABOR 2 men	MS	450 00
		4225
	GPC	-400 00
INV. TOTAL		3894 46
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.

SERVICE REP. SIGNATURE

3-11-25 DATE

X ____ CUSTOMER SIGNATURE

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

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CONTINUATION SHEET

NAME _____ RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

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	1/2 Close nip				35
1	Whirlpool Cooktop	WCE97US4FS	DA33142Z6		978 00
1	B46B				60 73
1	3/4 Cutoff				18 60
1	24" everwarm Log Set	EVP0243OR	A23H14759T		599 95
1	Rep160 Rinnai	Rep160	RK.UA-113440		294 93
1	1/2 Flex Stove Line				18 33
1	3/8 Flex log line				14 16
2	1/2 flare MPT				4 06
2	1/2 maxitrol				56 12
4	1/2 Straight ends				81 85

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 PSIG

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

CONGER FUELING LIFE LP GAS

GAS Check — Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location: Conger / Valdosta

Call Date:

Date GAS Check® Requested:

Call-Taker's Name:

Instructions:

Account Number: 04-23287

Name: Jerry Roberts Contractor (TEC)

Address: 5582 Timber Wind Circle

City, State, Zip: Lake Park GA 31636

Telephone: Office ______ Home ______

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2 ✓	Water Heater 3 ✓	Range 4 ✓	Clothes Dryer 5	6
Manufacturer		Ever Warm	Rinnai	Whirlpool		
Model No.		EW10243 OPV	REP160e	VEL6974504HSO		
Serial No.		A23H147397	PK.UA-118440	Da3314226		
Fuel		LP	LP	LP		
BTU Rating			160,00			
Manual Shut-off (Installed/Existing)		installed	installed	installed		
Sediment Trap (Installed/Existing)		—	installed	—		
Control Mfr./Model No.		—	—	—		
Pilot(s)/Pilot Safety System		OK	OK	OK		
Ignition System(s): Mfr./Model No.		electric	electric	electric		
Thermostats: Mfr./Model No.		—	—	—		
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		open	open	open		
Combustion Air		ambi	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: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE: COND.	DATE	CAP	FITTINGS LEAK TEST
120	32877	trinity	1995	2025	Side	✓	✓	✓	✓	✓	✓	18	✓	✓

PIPING/REGULATOR OPERATION/CONDITION

		PIPING: MATERIAL	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	1/2	09D24	Rego	✓	TR9	Hor	lid	10 PSIG	10 PSIG
	2nd	CSST	1/2	02D24	Rego	✓	Y46R	vert	eve	2psi IN WC	2psi IN WC
THIRD STAGE		Black	3/4	02D24	Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC

SYSTEM LEAK TEST

		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SINGLE STAGE/ INTEGRAL/ SECOND STATE					
SECOND STAGE	1st				
	2nd				
THIRD STAGE		9	9	10 min	OK

Comments:

Reference Invoice No. ______ Date 3/28/25

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

[signature] (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)