CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 111992

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

9097

NAME Donald De La Hunt RT# ____ RT. SEQ. ____ ACCT # 4:21691 DATE 1-7-25 INT ____

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 5314 Mimosa Cir APT/LOT NO. ____

CITY Lake Park STATE GA ZIP CODE 31636

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 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	RL75e	PB.CA-032878		999 95
2	B46R				159 90
1	Cylinder Valve				45 00
1	3/4 sediment trap				31 00
2	3/4 x 6" nipples				11 85
6	1/2 FL nuts				17 70
1	1/2 FL tee				6 95
1	1/2 FL x 1/2 MPT Cutoff Valve				19 95
1	3/4 tee				4 95

WORK PERFOMED:

REGULATION INFORMATION
MAKE: MODEL:
DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	999 95
PARTS/MAT. USED	MP	486.80
TANK RENT	MS	53.21
	CF	14 95
SALES TAX ____ %		38.94 4.26 1.20
LABOR 1 man	4 hours	400 00
6 PC		-400 00
Rainman	Refill	100 00
INV. TOTAL		2079.31
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.

Martin Ramos
SERVICE REP. SIGNATURE

1-7-25
DATE

X ____
CUSTOMER SIGNATURE

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

CONGER LP GAS — FUELING LIFE

GAS Check — Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location: Conger/Valdosta
Call Date: 1-7-25
Date GAS Check® Requested:
Call-Taker's Name:
Instructions:

Account Number:
Name: Donald Dela Hunt
Address: 5314 Mimosa Cir
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	/	/	Rinnai	Cafe	/	Sportsman
Model No.			RL75e	C2S950P2M2S1		4000 Watt
Serial No.			AB.CA-032878	ZU172228P		25818FW
Fuel			LP	LP		LP
BTU Rating			180,000	72,000		40,000 ?
Manual Shut-off (Installed/Existing)			Installed	Existing		Installed
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			electric	electric		electric
Ignition System(s): Mfr./Model No.			electric	electric		pull start
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			Open	Open		Open
Venting System/Draft Diverter			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
420	2670922	Manchester	2023	23	Back	good	good	good	good	good	good	03	yes	ok

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	01 B 24	Rego	New	TR9	Horizon	Dome	8 PSIG	10 PSIG
SECOND STAGE 2nd	Iron	3/4	04 C 24	Rego	New	B46R	Down	Eve	11 IN WC	13 IN WC
THIRD STAGE	Iron	3/4	08 D 23	Rego	New	B46R	Down	Eve	11 IN WC	13.5 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	9.0wc	9.0wc	10	yes
SECOND STAGE 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 of unforeseen happenings.

I, Marie DelaHunt (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.

[signature] (Customer's Signature)

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

[signature] (Service Technician's Signature)