



congerlpgas.com

INVOICE / WORK ORDER NO.

110892

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942NAME Robert Hopkins/ASKAY RT# _____ RT. SEQ. _____ ACCT # 3-20866 DATE 1-15-25 INT JS

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 205 Wolfs Thich APT/LOT NO. _____CITY Cordele 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 # 221-8621

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set tank. Install logs + w/h

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>TS</u>	<u>120</u>	<u>1528424</u>	<u>10 gallons</u>	<u>@ 3.299</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
	<u>Rinnai</u>	<u>RL75c</u>	<u>PCCA-037455</u>	<u>(AP)</u>	<u>999.95</u>
<u>44'</u>	<u>1/2" copper</u>			<u>4.95</u>	<u>217.80</u>
<u>40'</u>	<u>1/2" poly</u>			<u>45</u>	<u>39.00</u>
	<u>1/2" rigid riser</u>				<u>59.95</u>
	<u>1/2" flex riser</u>				<u>54.95</u>
	<u>1/2" cutoff valve</u>				<u>19.95</u>
	<u>1/2" galvanized pipe + fitting</u>				<u>144.95</u>
	<u>B46R regulator</u>				<u>79.95</u>
<u>4</u>	<u>1/2 x 1/2 mip</u>			<u>3.95</u>	<u>15.80</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
<u>Set tank. Installed</u>	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>(MP)</u>
<u>logs + w/h</u>	DATE CODE: <u>8802024</u> VENT: <u>W</u>	TANK RENT	<u>(MS)</u>
			<u>(AP)</u>

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:	<u>9.2</u> PSI	<u>PSI</u>	START LOCK-UP: <u>12.8</u> W.C.
TANK OFF: PRESSURE	<u>6.0</u> PSI	<u>PSI</u>	TANK OFF: PRESSURE <u>9.0</u> W.C.
AFTER 10 MINUTES:	<u>6.0</u> PSI	<u>PSI</u>	AFTER 10 MINUTES: <u>9.0</u> W.C.
PRESSURE AS LEFT:	<u>9.0</u> PSI	<u>PSI</u>	PRESSURE AS LEFT: <u>11.0</u> W.C.

SALES TAX _____ %

LABOR

GR

TR

01

INV. TOTAL

AMOUNT RECEIVED

2,317.00
176 48.24
554 84.26
1.05

430.00

(200.00)

10.00

32.99

3671.99

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; BLUE/OFFICE COPY