



congerlpgas.com

INVOICE / WORK ORDER NO.

116391

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

NAME Chad palmer RT# _____ RT. SEQ. _____ ACCT # 3-23339 DATE 4/21/25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 4561 Stewart rd APT/LOT NO. _____

CITY ochlocknee STATE _____ 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 _____

COT / set tank bury new line for PTHWH
and grill
DIRECTIONS: _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>set</u>	<u>120</u>	<u>1A62010</u>	<u>15</u>						

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	<u>TR4</u>				<u>84.95</u>
1	<u>B46R</u>				<u>79.95</u>
1	<u>Drip leg</u>				<u>31.50</u>
1	<u>1/2 cutoff</u>				<u>24.95</u>
1	<u>Pgtail</u>				<u>9.95</u>
1	<u>1/2 mip</u>				<u>3.95</u>
6	<u>Flare nuts 1/2</u>				<u>17.70</u>
1	<u>1/2 Flare T</u>				<u>6.95</u>
1	<u>3/4-1/2 FI mip</u>				<u>4.95</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

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:
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:

SALES TAX _____ %

LABOR 2hrW.C. 1man

G.P.C.

Rimw.

PIPING PRESSURE TEST

START _____ PSIG FINISH _____ PSIG

INV. TOTAL

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.

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

11639/

NAME Chad Palmer RT# _____ RT. SEQ. _____ ACCT # 3.23339 DATE 4/21/25 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	PSIG	

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



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Valdosta
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 3-23339
Name Chad Palmer
Address 4561 Stewart
City, State, Zip Chickadee Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RSC199EP			
Serial No.			RCBAC65311			
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			ambi			
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	1162010	American	1184	2025	Side	✓	✓	✓	✓	✓	✓	84	✓	✓

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	09D24	Rego	✓	TR9	Hor	1:1	16 PSIG	10 PSIG
2nd	Black	3/4	05D24	Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC
THIRD STAGE									IN WC	IN WC

SYSTEM LEAK TEST

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

Comments _____

Reference Invoice No. _____ Date _____

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

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.
Chad Palmer (Customer's Signature)

Seth Weeks (Service Technician's Signature)