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(229) 985-6942

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

NAME Firm Foundations RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 4.19908 DATE 3-27-25 INT CT

MAILING ADDRESS "Win Job" CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 3795 Bear Lake Rd APT/LOT NO. \_\_\_\_\_

CITY Valdosta 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: Hang T.H.W.H's Per Brock  
No Tank set @ this time

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	RX199i	SC.BA-042230		1799 95
1	Rinnai	RX199i	SC.BA-038908		1799 95
2	T.H.W.H. drain Pan				139 98

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	SALES AMOUNT
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	COH	1799 95
	DATE CODE: _____ VENT: _____	TANK RENT	MP	139 98
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF 14 95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST		SALES TAX 144 00 11 20 2 88 1 20
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	START LOCK-UP: PSI PSI	START LOCK-UP: W.C.	LABOR 2.5 hrs 460 00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>	TANK OFF: PRESSURE PSI PSI	TANK OFF: PRESSURE PSI PSI	W.C.	MS 36 00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	AFTER 10 MINUTES: PSI PSI	AFTER 10 MINUTES: PSI PSI	W.C.	G.P.C. 400 00
	PRESSURE AS LEFT: PSI PSI	PRESSURE AS LEFT: PSI PSI	W.C.	Rinnai 200 00
X	PIPING PRESSURE TEST		INV. TOTAL	4554.11
CUSTOMER SIGNATURE	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 Luth  
SERVICE REP. SIGNATURE

3/27/25  
DATE

\_\_\_\_\_  
CUSTOMER SIGNATURE



# Residential Gas Appliance System Check

Account Number \_\_\_\_\_  
Name Dereck Shaw  
Address 3795 Bear Lake  
City, State, Zip Valdosta, GA  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Company/Location Conger / Valdosta  
Call Date 5-5-25  
Date GAS Check® Requested \_\_\_\_\_  
Call-Taker's Name \_\_\_\_\_  
Instructions \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Water Heater 6
Manufacturer		Superior	Binnai	Thor		Binnai
Model No.		VD1824PR	RX199	HRT4806U		RX199
Serial No.		A241035849	SC. BA-042230	2303788		SC. BA-038908
Fuel		LP	LP	LP		LP
BTU Rating		36,000	199,000	114,000		199,000
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		Installed
Sediment Trap (Installed/Existing)			Installed			Installed
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		Standing	electric	electric		electric
Ignition System(s): Mfr./Model No.		SPARK	electric	electric		electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Open	Vented	Open		Vented
Venting System/Draft Diverter		Vent-free	Vented	Open		Vented
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:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
500	1515380	Quality	2025	2025	Left	N	N	N	N	N	N	25	XPS	OK
					Underground									

## 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										
SECOND STAGE	1st	Poly	3/4	05B24	Bego	N	TR9	Horizon	Dome	7	PSIG	10
	2nd	CSS	3/4	04E24	Bego	N	V46B	Down	Eve	1.5	PSIG	20
THIRD STAGE												

## SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st	9.0 WC	9.0 WC	10	yes
	2nd				
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

\_\_\_\_\_  
(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)