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INVOICE / WORK ORDER NO.

116177

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vadalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME SharpeCo Development RT# _____ RT. SEQ. _____ ACCT # _____ DATE 5-7-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 381 Simpson Rd APT/LOT NO. _____CITY Dixie 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 / Gas check / set logs / Hang Tag

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1528489	10	Gallons	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
20'	1/2" Copper				99 00
4	1/2" fl nuts				11 80
2	1/2" fl x 1/2" mpt cutoff				39 90
1	Regu Y46R				99 95
1	Regu B46R				79 95
2	1/2" maxitrol				89 90
1	3/4" sediment trap				31 00
1	1/2" tee				3 95
1	1/2" x close nipple				1 95

WORK PERFORMED:	Set tank and ran lines and hooked up all gas appliances, safety check system OK	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			CF	CF 14 95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>			_____ %	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>				
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				
X				
CUSTOMER SIGNATURE			PIPING PRESSURE TEST	INV. TOTAL
			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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE



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

116 177

NAME Sharpe / 381 Simpson Rd RT# RT. SEQ. ACCT# DATE INT

[illegible]

REGULATOR INFORMATION

VENT:

[illegible]

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



Residential Gas Appliance System Check

Company/Location Conger/valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number Alex Sharp
Name 381 Simpson rd
Address ↑ ↑ ↑
City, State, Zip Dixie, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Logs 6
Manufacturer		Everwarm	Rinnai	Kucht		Everwarm
Model No.		EW02430PV	RE180e	KFX3600X		EW02430PV
Serial No.		A24I148841	TB.UA-021751	KFX3600X23000141		A24J2984280
Fuel		LP	LP	LP		LP
BTU Rating		36,000	180,000	80,000		36,000
Manual Shut-off (Installed/Existing)		installed	installed	installed		installed
Sediment Trap (Installed/Existing)		—	installed	—		—
Control Mfr./Model No.		—	—	—		—
Pilot(s)/Pilot Safety System		standing	electric	electric		standing
Ignition System(s): Mfr./Model No.		spark	electric	electric		spark
Thermostats: Mfr./Model No.		—	—	—		—
Burner(s)/Combustion Chamber		open	open	open		open
Venting System/Draft Diverter		open	open	open		open
Combustion Air		ambi	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:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
120	1528489	Qualify	2024	2024	Rear	New	New	New	New	New	New	2024	Yes	OK

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR MFR.	MFR.	REGULATOR	MODEL	REG. VENT	HOW	FLOW	LOCK-UP	
	MATERIAL	SIZE	DATE (CODE)		CONDITION		POSITION	PROTECTED	PRESSURE	PRESSURE	
	Copper	1/2"	01B2025	Rego	New	TR9	Down	Dome	9.5 ^{PSI} IN WC	10 ^{PSI} IN WC	
SECOND STAGE	1st	CSST	1/2	04E2024	Rego	New	Y46R	Down	ew	1.5 ^{PSIG}	2 ^{PSIG}
	2nd	BI	3/4"	08D2024	Rego	New	B46R	Down	ew	11 IN WC	13 IN WC
THIRD STAGE		CSST	1/2"	unknown	maxitrol	New	1/2"	Horiz	attic	11 IN WC	13 IN WC

SYSTEM LEAK TEST

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

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)

Comments _____

Reference Invoice No. _____ Date _____

I, Cole Truett (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)