



congerlpgas.com

INVOICE / WORK ORDER NO.

116395

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) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME Weaver (Classic Homes by Weaver) RT# _____ RT. SEQ. _____ ACCT # _____ DATE 5-5-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 3863 Lu Lane APT/LOT NO. _____CITY Hahira 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 # _____

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
Set	120	1328488							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
25'	3/8" Copper				64.00
2	3/8" Flare nuts				1.72
1	3/8" cutoff				12.24
1	B46R				60.73
1	Drip Leg				31.50
1	Binna	RL75C	PB-LK-032883		894.95
1	permit				

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			CR 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"/>	HIGH: 1st Stage 2nd Stage LOW		
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR 1.5		150.00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C. 2000000		100.00
	AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C. GPL		400.00
	PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.		
X _____	PIPING PRESSURE TEST	INV. TOTAL	
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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

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

Account Number 56
Name Austin Weaver
Address 3863 Lin Lane
City, State, Zip Hahira Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Binnai			
Model No.			BL75C			
Serial No.			PB-CA-832483			
Fuel			LP			
BTU Rating			140,000			
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	1528488	Quality	2024	2025	Size	✓	✓	✓	✓	✓	✓	24	✓	✓

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								
									IN WC	IN WC
SECOND STAGE	1st	Copper	3/8	05D24 Rego	✓	TR9	Hor	1/2	10 PSIG	10 PSIG
	2nd	Black	3/4	03B24 Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC
THIRD STAGE									IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE				
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

Seth Weeks
(Service Technician's Signature)

- 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)