CONGER LP GAS — FUELING LIFE

congerlpgas.com

INVOICE / WORK ORDER NO. 116141

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 Hendrix Construction RT# ______ RT. SEQ. ______ ACCT # 4.20029 DATE 5-1-25 INT ______

MAILING ADDRESS ______ CO. ______ CITY ______

ADDRESS 10055 Springhill APT/LOT NO. ______

CITY Thomasville STATE GA ZIP CODE ______

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

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED ______

DIRECTIONS: Complete tie and Tank set

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION
Set	120	1528562	10	Gallons

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
15'	1/2" Copper				74 25
2	1/2" fl nuts				5 90
1	1/2" fl x 1/2" mpt cutoff				24 95
1	Regc Y46R				49 95
5	3/4" x close nipple				9 75
1	3/4" tee				4 95
1	Bell reducer				2 95
1	3/4" sediment trap				31 00
1	water htr flexhose				19 95

WORK PERFOMED:

REGULATION INFORMATION

MAKE: ______ MODEL: ______
DATE CODE: ______ VENT: ______

	CODE	
APPLIANCES/ EQUIP. SOLD	C99	1099 95
PARTS/MAT. USED	MP	427 45
TANK RENT	MS	603 45
CF		14 95
SALES TAX ______ %	~~55~~.00 77	~~24.[illegible]~~ ~~[illegible]~~ 1.05
LABOR 2 men	3.5hr	630 00
GPC		400 00
Rinnai Rebate		200 00
INV. TOTAL		~~2364.86~~
AMOUNT RECEIVED		2348.21

29.92
4.49

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:	W.C.
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.

PIPING PRESSURE TEST

START ______ PSIG FINISH ______ PSIG

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.

[signature]
SERVICE REP. SIGNATURE

4/1/25
DATE

X ______
CUSTOMER SIGNATURE

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

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CONTINUATION SHEET

NAME _____ RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

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	3/4" maxitrol				89 95
1	3/4" elbow				3 95
1	3/4" Cutoff				24 95
1	1/2" x 48" appliance connector				34 95
1	Rinnai	RE180e	SM.UA-186383		1699 95

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

CONGER FUELING LIFE LP GAS

GASCheck
Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger / Valdosta
Call Date 5-1-25
Date GAS Check® Requested
Call-Taker's Name
Instructions

04-23399
Account Number
Name Lee Hendrix (Shell)
Address 10055 Springhill
City, State, Zip Thomasville, GA
Telephone: Office Home

gas logs ✓ ✓ ✓

PERFORMANCE CHECK: ITEM	Central Heating 1	~~Room Heating 2~~	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Superior	Rinnai	GE		
Model No.		VDI824PR	RE180e	ZGU36ESL3SS		
Serial No.		A241035855	SM.VA-1886393	RVD990920		
Fuel		LP	LP	LP		
BTU Rating		36,000	180,000	60,000		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		Standing	electric	electric		
Ignition System(s): Mfr./Model No.		spark	electric	electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		ventless	exterior	open		
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: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
120	1528562	Quality	2024	2024	Left	N	N	N	N	N	N	24	yes	OK

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE										IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	05 D24	Rego	N	TR9	Horizon	Dome	8 PSIG	10 PSIG
	2nd	CSST	1/2	04 E24	Rego	N	446R	Down	Ext	1.5 ~~PSI~~ IN WC	2.0 ~~PSI~~ IN WC
THIRD STAGE		CSST	1/2		Maxitrol	N	1/2	Horizon	Attic	11 IN WC	12 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	9.0wc	9.0wc	10	yes
	2nd				
THIRD STAGE					

Comments

Reference Invoice No. Date

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, Matthew Ray (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.

_____ (Customer's Signature)

_____ (Service Technician's Signature)