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INVOICE / WORK ORDER NO.

116223

146 ... 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 Building Valdosta RT# _____ RT. SEQ. _____ ACCT # 4-20871 DATE 4-14-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

Job: 3012 Mary Powell Dr. ADDRESS _____ APT/LOT NO. _____CITY Nahmen STATE GA ZIP CODE _____SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____DIRECTIONS: Ready for Tank set, Hook up Maptols
convert Range, After Wednesday 16th
10 gallons in tankNEW 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

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1528516			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
35'	1/2" Copper				120 35
2	1/2" fl nuts				2 65
1	1/2" fl x 1/2" mpt Cutoff				12 25
1	Rego Y46R				73 60
3	3/4" x close nipple				1 60
1	3/4" tee				2 10
2	Bell reducer				2 75
1	Thw flex hose				8 20
1	1/2" x 48" appliance Connector				26 25

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
Set tank and hooked	MAKE: _____ MODEL: _____	WH	899 95
up all appliances. Safety	DATE CODE: _____ VENT: _____	MP	432 15
Check all system ok.		MS	69 13

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF	
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:						14 95
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>					SALES TAX	72.00 34.57
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>						5.53
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.						1.00
X _____ CUSTOMER SIGNATURE						
HIGH: 1st Stage 2nd Stage LOW						
START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR 2 men 4hr	720 00
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	01	39 99
AFTER 10 MINUTES: PRESSURE AS LEFT:	PSI	PSI	AFTER 10 MINUTES: PRESSURE AS LEFT:	W.C.	GDC	400 00
					Remo & Reim	200 00
					INV. TOTAL	2249.48
					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 TH
SERVICE REP. SIGNATURE

4/17/25

DATE

X

CUSTOMER SIGNATURE



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

116.223

NAME Building Valdosta RT# _____ RT. SEQ. _____ ACCT# _____ DATE 4/17-25 INT _____

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/Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name 04-23434

Instructions _____

Contractor: Building Valdosta

Account Number 04-23434
Name J D Yeager
Address 3012 Mary Powell Dr
City, State, Zip Hahira, GA 31632
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Whirlpool		
Model No.			REP160eP	WSGS7530R20		
Serial No.			PK.4A-113431	RE0412916		
Fuel			LP	LP		
BTU Rating			160,000	65,500		
Manual Shut-off (Installed/Existing)			installed	installed		
Sediment Trap (Installed/Existing)			not installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System						
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.			electric	electric		
Burner(s)/Combustion Chamber			open	open		
Venting System/Draft Diverter			open	open		
Combustion Air			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	1528516	Quality	2024	2025	Rear	New	New	New	New	New	New	2024	Yes	OK
	1528516													

PIPING/REGULATOR OPERATION/CONDITION

4th STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
	MATERIAL	SIZE								
✓ 1st	BI	3/4"	03B2024	Rego	New	B46R	Down	eve	11 IN WC	13 IN WC
✓ 2nd	Copper	1/2"	65D2024	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
✓ 3rd	Csst	1/2"	04D2024	Rego	New	Y46R	Down	eve	1.5 PSI IN WC	2 PSI IN WC
✓ 4th	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 (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st			
	2nd	9.0WC	10 mins	OK
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. 116223 Date 4/17/25

I, Cole Turett (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)