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113221

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604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-8722

3117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942

NAME Dixon Taylor RT# _____ RT. SEQ. _____ ACCT # 4-20100 DATE 4-21-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

5B ADDRESS 150 Davis Ln APT/LOT NO. _____

CITY Habersham 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:

1-21-25 = 1st time - 2 min, 3 hours
2nd time 1 min, 1.5 hours

10 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1528506			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
2	1/2 FL X 1/2 MPT				4.06
2	1/2 close nipples				0.88
34	1/2 copper				114.24
2	1/2 FL nuts				2.10
1	Rinnai	REPLA	PL-VA-119892		899.95
1	L113403 B46R				60.74
1	1/2 FL X 1/2 FPT cutoff valve				8.41
4	3/4 close nipples				2.12
2	3/4 tee				4.18

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	MP
	DATE CODE:	VENT:	TANK RENT	TS

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐

) 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.

CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST				SALES TAX _____ %	LABOR	INV. TOTAL
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				AMOUNT RECEIVED		
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.

Matthew R.
SERVICE REP. SIGNATURE

4-21-25
DATE

X

CUSTOMER SIGNATURE