



congerlpgas.com

INVOICE / WORK ORDER NO.

110466

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

NAME Classic Homes by Weaver RT# _____ RT. SEQ. _____ ACCT# _____ DATE 8-27-25 INT _____

MAILING ADDRESS 106 Beal Trace CO. _____ CITY _____

ADDRESS _____ APT/LOT NO. _____

CITY Moultrie 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:

10 FairHomes

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>TS</u>	<u>120</u>	<u>2398</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>REP 1600e</u>	<u>Reform</u>	<u>PLWA-119862</u>		<u>899.95</u>
<u>10</u>	<u>gal gas</u>				
<u>1</u>	<u>5 shut off</u>				<u>13.11</u>
<u>1</u>	<u>Misc Black Iron Drip Key</u>				<u>21.83</u>
<u>2</u>	<u>Flare nuts</u>				<u>2.16</u>
<u>1</u>	<u>Reg</u>				<u>58.11</u>
<u>15</u>	<u>Copper</u>				<u>33.60</u>
<u>1</u>	<u>Permit</u>				<u>77.62</u>
<u>1</u>	<u>3/4 x 1/2 m Br</u>				<u>1.99</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Set tank gas ck</u>	MAKE: <u>REP</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	
<u>No leaks</u>	DATE CODE: <u>1-24</u> VENT: <u>LOR</u>	TANK RENT	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE			<u>CF</u> <u>14.95</u>

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

LEAK AND PRESSURE TEST

- 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

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	PSI	PSI	START LOCK-UP: <u>13.4</u> W.C.
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE <u>9</u> W.C.
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES: <u>9</u> W.C.
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT: <u>13.4</u> W.C.

SALES TAX _____ %

LABOR

GPC

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.

5-27-25

X