



congerlpgas.com

INVOICE / WORK ORDER NO.

117629

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 Cole Livingston Const. RT# _____ RT. SEQ. _____ ACCT # 420995 DATE 5/19/25 INT Tj

MAILING ADDRESS _____ CO. _____ CITY _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

ADDRESS 834 unity Church rd. APT/LOT NO. _____

CITY Lake Land STATE Ga ZIP CODE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

Firebox and TWH installed 5/27/25 < 10 Gallons >

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>420</u>	<u>2594684</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	<u>Binnai</u>	<u>RE1600</u>	<u>RMWA-160843</u>		<u>1099.95</u>
1	<u>42" Fire Box</u>				<u>699.95</u>
15'	<u>1/2 Copper</u>				<u>52.15</u>
2	<u>1/2 Flare Nuts</u>				<u>2.65</u>
18	<u>1/2 Cut offs flares</u>				<u>13.35</u>
1	<u>B416R</u>				<u>60.75</u>
1	<u>Y416R</u>				<u>73.55</u>
1	<u>Drip Leg</u>				<u>25.00</u>
1	<u>1/2 cut off flares</u>				<u>13.35</u>

WORK PERFORMED: <u>Set Tank and hooked up all Appliances. Safety Check system o.k.</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	SALES AMOUNT	
MAKE: _____	MODEL: _____	PARTS/MAT. USED	<u>WH</u>	<u>1099.95</u>	
DATE CODE: _____	VENT: _____	TANK RENT	<u>AP</u>	<u>2229.91</u>	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				<u>MP</u>	<u>418.63</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				SALES TAX	<u>50</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>				<u>8%</u>	<u>33.49</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>				<u>4.5</u>	<u>178.39</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				LABOR	<u>man LA</u>
X _____ CUSTOMER SIGNATURE				MS	<u>52.12</u>
HIGH: 1st Stage 2nd Stage LOW				CF	<u>14.95</u>
START LOCK-UP: PSI PSI START LOCK-UP: W.C.				GPC Rebate	<u>400.00</u>
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.				INV. TOTAL	<u>4570.81</u>
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.				AMOUNT RECEIVED	
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.

Binnai Rebate \$200

SERVICE REP. SIGNATURE

DATE

X

CUSTOMER SIGNATURE

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



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

115944

NAME Cole Livingston RT # _____ RT. SEQ. _____ ACCT # 4.20995 DATE _____ INT _____

ADDITIONAL COMMENTS

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



Residential Gas Appliance System Check

Account Number Cole Livingston Construction
Name Lee music
Address 834 Unity Church Rd
City, State, Zip Lakeland, GA
Telephone: Office _____ Home _____

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

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Peterson	Rinnai	Samsung		
Model No.		G10-24/3001LP	RE160e	MG067115S/AA		
Serial No.		2094241	RM-4A-160843	GS4Y7DAW600025A		
Fuel		LP	LP	LP		
BTU Rating		37,000	160000	661000		
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.		electric	electric	electric		
Thermostats: Mfr./Model No.		—	—	—		
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		open	open	open		
Combustion Air		ambi	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	
420	2594684	Worthington	2024	2024	Right	New	New	New	New	New	New	2024	Yes	OK

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									
SECOND STAGE	1st	Copper	1/2"	01B2025	Rego	New	TR9	Down	Dome	9.5 PSIG	10 IN WC
	2nd	CSST	1/2"	04E2024	Rego	New	Y46R	Down	eve	1.5 PSIG	2 PSIG
		BI	3/4"	08D2024	Rego	New	B46R	Down	eve	11 IN WC	13 IN WC
THIRD STAGE		CSST	1/2"	Unknown	maxifit	New	1/2"	Horiz	attic	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)		END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
	1st	2nd			
SECOND STAGE	1st	9.0 WC	9.0 WC	10 mins	OK
THIRD STAGE	2nd				

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, _____ (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.

- Performed Odor Test ☒ Yes
Performed Leak/Pressure Test ☒ Yes
Placed Safety Decal ☒ Yes
Left Consumer Safety Information and Material ☒ Yes

Cole Trnett

(Service Technician's Signature)

(Customer's Signature)