



congerlpgas.com

INVOICE / WORK ORDER NO.

115611

146 S. 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 JESSEE Schaner Construction RT. SEQ. _____ ACCT# 01-20256 DATE 6-12-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

JOB: 85 W. Linda St. ADDRESS _____ APT/LOT NO. _____CITY Lakeland STATE FL 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 Gallons Propane *

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	1546514			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai	RE160e	SF.4A-078413		1099.95
1	log set EW 24" burner and 24" logs				599.95
1	3/4" sediment trap				31.00
1	3/4" street elbow				4.95
1	15/16 x 24" appliance connector				19.95
1	3/4" elbow				3.95
1	3/4" maxitrol				89.95
1	1/2" maxitrol				44.95
2	3/4" true straightening				89.90

WORK PERFORMED: <u>set tank and hooked up all appliances</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD <u>LOH</u>	CODE <u>AP</u>	SALES AMOUNT <u>1099.95</u>
<u>safety check. system ok</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED <u>SET</u>	TANK RENT <u>10.00</u>	SALES AMOUNT <u>599.95</u>
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		CF	14.95	SALES AMOUNT <u>45.33</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX <u>45.00</u>	5.12	1.20
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	LEAK AND PRESSURE TEST	LABOR <u>man</u>	5hr	500.00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	MP	566.65	
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	START LOCK-UP: PSI PSI START LOCK-UP: W.C.	MS	64.00	
X	TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.	GPC Rebate	400.00	
CUSTOMER SIGNATURE _____	AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.	INV. TOTAL	3043.95	
	PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.	AMOUNT RECEIVED	3,033.15	
	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.

Cl Tuth
SERVICE REP. SIGNATURE6/17/25
DATE

CUSTOMER SIGNATURE

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



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

115611

NAME Jesse Skinner Construction RT# _____ RT. SEQ. _____ ACCT# _____ DATE _____ INT _____

[illegible][illegible]**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

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



Residential Gas Appliance System Check

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

Account Number _____
Name Jessie Skinner
Address 85 W Linda St
City, State, Zip Lakeland, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Everwarm	Rinnai			
Model No.		EWPO2430PV	RE160e			
Serial No.		A24J284281	SFUA-678413			
Fuel		LP	LP			
BTU Rating		36,000	160,000			
Manual Shut-off (Installed/Existing)		installed	installed			
Sediment Trap (Installed/Existing)		—	installed			
Control Mfr./Model No.		—	—			
Pilot(s)/Pilot Safety System		standing	electric			
Ignition System(s): Mfr./Model No.		spark	electric			
Thermostats: Mfr./Model No.		—	—			
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	1546514	Quality	2025	2025	Left	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								
	Copper	1/2"	02C2025	Rego	New	TR9	Down	Dome	9.5 ^{PSI} IN WC	10 ^{PSI} IN WC
SECOND STAGE	1st	CSST	1/2"	04E2024	Rego	New	Y46A	Down	2.5 PSIG	2 PSIG
	2nd	CSST	1/2"	unknown	maxitrol New	New	1/2"	Horiz	11 IN WC	13 IN WC
THIRD STAGE	CSST	3/4"	unknown	maxitrol	New	3/4"	Horiz	attic	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	9.0 WC	9.0 WC	10 mins	OK
	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, _____ (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.

I, Cole Tmett (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

Cole Tmett
(Service Technician's Signature)

(Customer's Signature)