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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 Michael McDowell RT# _____ RT. SEQ. _____ ACCT # _____ DATE 12-6-24 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 5558 Cypress Lake Trail APT/LOT NO. _____

CITY Lake Park 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 # 229-548-1738

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Look @ Line for Logz, Rinna:

Remodel

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

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinna:	RSC199eP	RG.BA-086492		1599.95

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

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

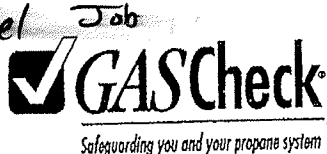
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST			SALES TAX _____ %
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH:	1st Stage	2nd Stage	LOW	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C. LABOR
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
	AFTER 10 MINUTES: PRESSURE AS LEFT:	PSI	PSI	AFTER 10 MINUTES: PRESSURE AS LEFT:	W.C.
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST			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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger / Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 4-22511Name Michael McDowellAddress 5558 Cypress Lakes trailsCity, State, Zip Lake Park GA 31636

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer			<u>Rinnai</u>			<u>Generac</u>
Model No.			<u>RSC199eP</u>			<u>60072101</u>
Serial No.			<u>RA-BA-086492</u>			<u>301516074.3</u>
Fuel			<u>LP</u>			<u>LP</u>
BTU Rating			<u>199,000</u>			<u>355,000</u>
Manual Shut-off (Installed/Existing)			<u>Inst.</u>			<u>installed</u>
Sediment Trap (Installed/Existing)			<u>Inst.</u>			<u>exist</u>
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			<u>OK</u>			<u>Electric</u>
Ignition System(s): Mfr./Model No.			<u>Elect.</u>			<u>Electric</u>
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			<u>Open</u>			<u>Open</u>
Venting System/Draft Diverter			<u>Open</u>			<u>umbor</u>
Combustion Air			<u>Amba</u>			
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	
<u>250</u>	<u>19915802</u>	<u>Trinity</u>	<u>1999</u>	<u>1999</u>	<u>Rear</u>	<u>OK</u>	<u>OK</u>	<u>New</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>1999</u>	<u>yes</u>	<u>OK</u>

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								
									IN WC	IN WC
1st	<u>Copper</u>	<u>5/8"</u>	<u>12B2023</u>	<u>Rego</u>	<u>New</u>	<u>TR4</u>	<u>Down</u>	<u>Dome</u>	<u>9.5</u> PSIG	<u>10</u> PSIG
2nd	<u>Poly</u>	<u>3/4"</u>	<u>01-2019</u>	<u>Rego</u>	<u>New</u>	<u>B46</u>	<u>Down</u>	<u>even</u>	<u>12</u> IN WC	<u>13</u> IN WC
THIRD STAGE									IN WC	IN WC

SYSTEM LEAK TEST

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

Comments _____

Reference Invoice No. 111762 Date 12-23-2024

Cole Trueitt (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

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, Michael L. McDowell (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)_____
(Service Technician's Signature)

Required Safety inspections

This page must be completed and included with the rebate application. Failure to include this page will automatically disqualify the customer for the safety rebate.

Test	Beginning Pressure	Ending Pressure	Test Duration
Pressure test (when required by code or local authority)	10 psi	10 psi	24 hrs
Leak test	9" wc	9" wc	10 min
Flow test			
Lock-up pressure			

Technician's Certification: I, Donald Alford, certify that the above tests were performed and the results were recorded correctly.

Date of Inspection: 12-23-2024

Propane Dealer's Signature: Kayla Zith

This paperwork must be submitted to the GA Propane Commission within 30 days of appliance inspection date to receive rebate.

Disclaimer:

The propane dealer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane dealer that the work shown on the form has actually been completed. A safety inspection must be performed by the participating propane dealer after the installation of each new qualifying appliance(s) and the result of that inspection must be documented on the Application form. The safety inspection for qualifying appliance installations must, at a minimum, include the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane dealer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and GA Propane Commission assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and GA Propane Commission disclaims any liability for any personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the installation of the qualifying appliance(s).

Please submit your 2-page rebate form and receipt(s) to:

Mail: GA Propane Commission
5109 Hollyridge Dr.
Raleigh, NC 27612

Fax: 919 781-7481

Email: info@gapropanerebates.com

As of: 03/01/2023