



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

INVOICE / WORK ORDER NO.

111926

NAME Lisa Jarvis RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 22953 DATE 12/23/24 INT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 5337 Golf Drive APT/LOT NO. \_\_\_\_\_

CITY Lake Park STATE GA ZIP CODE 31636

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: monalisa.jarvis79@gmail.com  
cell # 229-251-4526

PAY BILL ONLINE @ [congerlpgas.com](http://congerlpgas.com)

DIRECTIONS: 10 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>Set</u>	<u>120</u>	<u>G79797</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rimai</u>	<u>RS199eP</u>	<u>RG.BA-086452</u>		<u>699.00</u>
<u>1</u>	<u>3/4" sediment trap</u>				<u>21.70</u>
<u>1</u>	<u>3/4" x close nipple</u>				<u>46</u>
<u>1</u>	<u>Rego B46R</u>				<u>53.45</u>
<u>1</u>	<u>1/2" fl x 1/2" mpt cutoff</u>				<u>10.77</u>
<u>2</u>	<u>1/2" fl nuts</u>				<u>2.32</u>
<u>15'</u>	<u>1/2" Copper</u>				<u>44.40</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Set tank, ran gas line, and hooked up TWH.</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED _____	
<u>Performed gas check, system OK</u>	DATE CODE: _____ VENT: _____	TANK RENT _____	

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

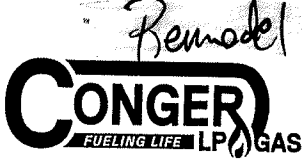
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST		SALES TAX
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH: 1st Stage 2nd Stage LOW		_____ %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>		START LOCK-UP: PSI PSI START LOCK-UP: W.C.	LABOR <u>2 min</u> <u>1 hour</u>	
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: PSI PSI AFTER 10 MINUTES: W.C.		
		PRESSURE AS LEFT: PSI PSI 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

Account Number 22453  
Name Lisa Jarvis  
Address 5337 Golf Drive  
City, State, Zip Lake Park, FL 31634  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Company/Location Conger/Valdosta  
Call Date 12/23/24  
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			Rinnai			
Model No.			RSC199eP			
Serial No.			RG.BA-086452			
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			electric			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			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	67A797	Trinity	1990	2024	Rear	New	New	New	New	New	New	2023	New	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"	01B2024	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
	2nd	BI	3/4"	04C2024	Rego	New	B46R	Down	e ve	12 IN WC	13 IN WC
THIRD STAGE										IN WC	IN WC
SYSTEM LEAK TEST											

### SYSTEM LEAK TEST

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

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.

\_\_\_\_\_  
(Customer's Signature)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Invoice No. 111926 Date 12/23/24

I, Cole Truett (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 Truett  
(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 1/2" wc	9 1/2" 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: [Signature]

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](mailto:info@gapropanerebates.com)

As of: 03/01/2023