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INVOICE / WORK ORDER NO.

111256

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 Charlottie Kilgore RT# _____ RT. SEQ. _____ ACCT # 03-12535 DATE 12-16-24 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 270 Lewis Rd APT/LOT NO. _____

CITY Moultrie STATE GA ZIP CODE 31788

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:

Wants Water Heater
fix
(229) 985-7702

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	RL 75ep		RD.CA-069939		999.95
1	Misc Iron				600.00
1	shutoff				19.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
Install well gas ck no leaks.	MAKE: Rego DATE CODE: 2-23	MODEL: Y9 VENT: 40v	
		PARTS/MAT. USED	
		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: 13.7	W.C. LABOR 100.00
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 9	W.C.
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES: 9	W.C.
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT: 13.7	W.C.
X	PIPING PRESSURE TEST			INV. TOTAL	
CUSTOMER SIGNATURE	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.

[Signature]

12-27-24

x



Residential Gas Appliance System Check

Account Number _____
Name Charlotte Kilgore
Address 220 Lewis Rd
City, State, Zip Montville
Telephone: Office _____ Home _____

Company/Location _____
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			Rinnai			
Model No.			RL 75ep			
Serial No.			PD.CA069939			
Fuel			LP			
BTU Rating			180000			
Manual Shut-off (Installed/Existing)			Ext			
Sediment Trap (Installed/Existing)			Ins			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System						
Ignition System(s): Mfr./Model No.			Auto			
Thermostats: Mfr./Model No.			Chamber			
Burner(s)/Combustion Chamber			Chamber			
Venting System/Draft Diverter			outside			
Combustion Air			Ambient			
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	
250	1661501	American	86	86	ok	ok	ok	ok	ok	ok	ok	86	ok	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"	2-23	Rego	ok	19	Hor	1 id	IN WC
	2nd	Iron	3/4"	N/A	Maximo	ok	325	Ver	EVE	PSIG
THIRD STAGE										IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st				
	2nd	9	9	10 min	OK
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 12-27-24

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)

I, _____ (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

(Service Technician's Signature)