



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 Sirmans & Sons Construction RT# _____ RT. SEQ. _____ ACCT # 1-21568 DATE 12/30/24 INT MM

Dustin Sirmans

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 346 Lee Rd _____ APT/LOT NO. _____

CITY Rosely STATE GA ZIP CODE 31645

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: _____

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	RSC 199 EP Tankless water heater	RSC199EP	RGBA-086479 086479		999.00

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

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/> I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	LEAK AND PRESSURE TEST			SALES TAX _____ %	79.92
	HIGH:	1st Stage	2nd Stage		
X CUSTOMER SIGNATURE	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C. LABOR
	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.
PIPING PRESSURE TEST				INV. TOTAL	1078.92
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

X _____
CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 1-21568
 Name Sirmon & Son Construction - Dustin Sirmons
 Address 346 Lee Rd
 City, State, Zip Rego, GA 31643
 Telephone: Office _____ Home 229-5605123

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	Generator 6
Manufacturer			Rinnai	Fredrick		Genr 2
Model No.			RSC199EP	FGCC30470BF		G0070433
Serial No.			RG13A-086479	1F04190016		3007531921
Fuel			LP	LP		LP
BTU Rating			199,000	410,000		350,000
Manual Shut-off (Installed/Existing)			EX	EX		EX
Sediment Trap (Installed/Existing)			EX	NA		-
Control Mfr./Model No.			Rinnai	OK		OK
Pilot(s)/Pilot Safety System			NA	OK		OK
Ignition System(s): Mfr./Model No.			Electron-2	Electron		OK
Thermostats: Mfr./Model No.			Maw	Maw		OK
Burner(s)/Combustion Chamber			OK	OK		OK
Venting System/Draft Diverter			OK	OK		OK
Combustion Air			OK	OK		OK
Red Tag (removed from service)/Recall			NU	NU		-

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

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	PSIG	IN WC	PSIG
1st	Copper	1/2	10 B 2122	Rego	OK	439	Down	Down	1	PSIG	2	PSIG
2nd	Copper	1/2	NL	months	OK	NL	Down	-	10	IN WC	11.5	IN WC
THIRD STAGE	Trol	1/2	NL	months	OK	NL	Down	-	10	IN WC	11.5	IN WC

SYSTEM LEAK TEST				
SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st	1	1	10m	OK
2nd				
THIRD STAGE				

Comments _____

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, Dustin Sirmons (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.

Reference Invoice No. 123121 Date 11/3/24
12/3/24 (please print name)
 I, _____ 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

Mont Hob (Service Technician's Signature)

 (Customer's Signature)