



Remodel
congerlpgas.com

INVOICE / WORK ORDER NO.

111926

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 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

NEW CUSTOMER INFORMATION	
S.S. NO. _____	DELV. _____
HOME PH. _____	RENT _____
WORK PH. _____	CREDIT _____
LITE PILOT _____	PC _____
EMPLOYER _____	
DR. _____	USE _____ LEASE _____

email: monalisajarvis79@gmail.com
cell # 229-251-4526

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: 10 gallons in tank

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

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

WORK PERFORMED: <u>Set tank, ran gas line, and hooked up TWH.</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Performed gas check, system OK</u>	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 <u>2 men 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.

Ch Lott 12/23/24 x
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 22953
Name Lisa Jarvis
Address 5337 Golf Drive
City, State, Zip Lake Park, FL 32936
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	679797	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

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