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111939

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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 12-26-24 INT _____

MAILING ADDRESS _____

CO. _____ CITY _____

ADDRESS 5558 Cypress Lake Trail APT/LOT NO. _____CITY Lake Park STATE GA ZIP CODE _____

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 # 229-548-1738

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Look @ Line for Log2, RinnaiDIRECTIONS: 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	Rinnai	RSC194eP	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.
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	PSI	PSI	AFTER 10 MINUTES: W.C.
		AS LEFT: PRESSURE	PSI	PSI	AS LEFT: W.C.
		PIPING PRESSURE TEST			INV. TOTAL
X _____ 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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE

Residential Gas Appliance System Check

Account Number 4-22511

Name Michael McDonnell

Address 5558 Cypress Lakes trails

City, State, Zip Lake Park GA 31636

Telephone: Office _____ Home _____

Company/Location Conger / Valdosta

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			Generac
Model No.			RSC199eP			60012101
Serial No.			RG-BA-086492			3015160743
Fuel			LP			LP
BTU Rating			199,000			355,000
Manual Shut-off (Installed/Existing)			Inst.			installed
Sediment Trap (Installed/Existing)			Inst.			exist
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			Electric
Ignition System(s): Mfr./Model No.			Elect.			Electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			open
Venting System/Draft Diverter			open			ambi
Combustion Air			Amb			
Red Tag (removed from service)/Recall						

TANK/CYLINDER (Additional Serial Numbers):							CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION		TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
250	19915302	Trinity	1999	1999	Rear		OK	OK	OK	OK	OK	OK	1999	YES	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									
										IN WC	IN WC
SECOND STAGE	1st	Copper	5/8"	12B2023	Rego	New	TR4	Down	Dome	9.5 PSIG	10 PSIG
	2nd	Poly	3/4"	01-2019	Rego	New	B46	Down	eve	12 IN WC	13 IN WC
THIRD STAGE										IN WC	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	9.0 WC	9.0 WC	10 mins OK
THIRD STAGE				

Comments _____

Reference Invoice No. 111762 Date 12-23-2024

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. McDonnell (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.

Michael L. McDonnell (Customer's Signature)

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)