



congerlpgas.com

INVOICE / WORK ORDER NO.

111668

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 Ryan Goble RT# RT. SEQ. ACCT # 4-22651 DATE 11/11/24 INT

MAILING ADDRESS CO. CITY ADDRESS 5710 JP Carter Rd. APT/LOT NO. CITY Naylor STATE GA ZIP CODE 31641

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

Tank set 120 w tankless water heater

email: cell # 229-292-8087 PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set tank Hung tankless w/H. Tied together and safety check - OK. Customer Has Southern Quality - 60 gallon for logs. will come back after tank emptied. and tie into our system. 10 gallons in tank

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD (MS, AP, MP, TR, CF)

Table with columns: SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER, LEAK AND PRESSURE TEST (HIGH, LOW, START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES, PRESSURE AS LEFT), PIPING PRESSURE TEST, SALES TAX, INV. TOTAL, 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: Matthew R. Date: 11-21-24



# Residential Gas Appliance System Check

Account Number 4-22651  
 Name Ryan Goble  
 Address 5710 JP Carter Rd  
 City, State, Zip Naylor, GA 31641  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Company/Location Conger/VA/Idosta  
 Call Date 11-21-24  
 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.                             |                   |                | RI 75e         |         |                 |   |
| Serial No.                            |                   |                | PB-CA-028531   |         |                 |   |
| Fuel                                  |                   |                | LP             |         |                 |   |
| BTU Rating                            |                   |                | 180,000        |         |                 |   |
| 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                        |                   |                |                |         |                 |   |
| 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  | 1525705       | Quality Steel | 2024      | 2024           | Left     | N             | N     | N       | N        | N     | N            | 24   | 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   |                            |       |                     |       |                    |               |               |                  |          |
| SECOND STAGE | 1st      | Copper | 1/2                        | 10A24 | Rego                | N     | TR9-com            | Hor           | Dome          | 9 PSIG           | 10 PSIG  |
|              | 2nd      | Iron   | 3/4                        | 08D23 | Rego                | N     | B46R               | Down          | Eve           | 11 IN WC         | 13 IN WC |
| THIRD STAGE  |          |        |                            |       |                     |       |                    |               |               | IN WC            | IN WC    |

SYSTEM LEAK TEST

| SINGLE STAGE/ INTEGRAL/ SECOND STATE | START PRESSURE (INCHES WC) | END PRESSURE (INCHES WC) | TIME HELD | SYSTEM OK |     |
|--------------------------------------|----------------------------|--------------------------|-----------|-----------|-----|
| SECOND STAGE                         | 1st                        | 9.0wci                   | 9.0wci    | 10        | yes |
|                                      | 2nd                        |                          |           |           |     |
| THIRD STAGE                          |                            |                          |           |           |     |

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reference Invoice No. \_\_\_\_\_ Date \_\_\_\_\_

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.

I, Matthew Ray (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

Matthew Ray  
 (Service Technician's Signature)

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