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INVOICE / WORK ORDER NO.

117700

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

2310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250

NAME Tiffany Johnson RT# _____ RT. SEQ. _____ ACCT# 22955 DATE 6/20/25 INT TJ

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 5745 Fontana Rd APT/LOT NO. _____

CITY Valdosta STATE Ga ZIP CODE 31601

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

NEW CUSTOMER INFORMATION

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

email Tiffany John 27@gmail.com
cell # 304.953.0902

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	Rel 199ep Water Heater		TD-VA-046602		668.00
1	Plumbing Installation Valve Kit				43.90
15'	1/2 Copper				2.32
1	1/2 Fl Nut				22.59
1	Sediment trap				53.45
1	Rego B46K				10.71
1	1/2" flx 1/2" mpt cut off				

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE		
	MAKE:	MODEL:	PARTS/MAT. USED	MP	134.97	
	DATE CODE:	VENT:	TANK RENT			
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					DI	12.99
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			LEAK AND PRESSURE TEST		SALES TAX	10.80
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:
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
			AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:
			PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:
X			PIPING PRESSURE TEST		INV. TOTAL	397.80
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.



Residential Gas Appliance System Check

Company/Location Conger/valdosta
Call Date 6-18-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 04-22085
Name Tiffany Johnson
Address 5745 Fontana rd
City, State, Zip valdosta, GA, 31601
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE19qe			
Serial No.			TD.4A-04662			
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	1546437	Quality	2025	2025	Right	New	New	New	New	New	New	2024	Yes	OK

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR MFR.	MFR.	REGULATOR	MODEL	REG. VENT	HOW	FLOW	LOCK-UP	
	MATERIAL	SIZE	DATE (CODE)		CONDITION		POSITION	PROTECTED	PRESSURE	PRESSURE	
									IN WC	IN WC	
SECOND STAGE	1st	Copper	1/2"	02C2025	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
	2nd	BT	3/4"	08D2024	Rego	New	B4GR	Down	eve	11 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	9.0wc	10 mins	ok
THIRD STAGE					

Comments _____

Reference Invoice No. 45980 Date 6/18/25

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

- 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.

Cole Truett
(Service Technician's Signature)

(Customer's Signature)