



congerlpgas.com

INVOICE / WORK ORDER NO.

116053

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME Giloberto Zapata RT# _____ RT. SEQ. _____ ACCT # 4-23119 DATE 5/27/25 INT PAID

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 16246 Hwy 122 APT/LOT NO. _____CITY Barney STATE GA ZIP CODE 31625SERVICE 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: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Tank set Hang water filter + Hook up Appliances
<10 gal>

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>100</u> <u>set</u>	<u>120</u>	<u>1546440</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai</u>	<u>RSL199eP</u>	<u>RE.BA-065412</u>		<u>1299.95</u>
<u>3</u>	<u>Bell Reducer</u>				<u>8.85</u>
<u>2</u>	<u>3/4 Close NIP</u>				<u>3.90</u>
<u>1</u>	<u>Drip Leg</u>				<u>31.00</u>
<u>1</u>	<u>3/4 T</u>				<u>4.95</u>
<u>1</u>	<u>3/4 Strt L</u>				<u>4.95</u>
<u>1</u>	<u>1/2 3" NIP</u>				<u>1.95</u>
<u>1</u>	<u>1/2 Cutoff</u>				<u>19.95</u>
<u>1</u>	<u>B46R</u>				<u>79.95</u>

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:				
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.				
X _____				
CUSTOMER SIGNATURE				
HIGH: 1st Stage 2nd Stage LOW				
START LOCK-UP: PSI PSI START LOCK-UP: W.C.				
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				
START PSIG FINISH PSIG				
INV. TOTAL				

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.

GPC Rebate (400.00)
Rinnai Rebate (200.00)

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY



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

116053

NAME Gilberto Zapata RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING/OFFICE COPY



Residential Gas Appliance System Check

Company/Location Valhalla/Conger LP Gas
Call Date _____
Date GAS Check® Requested 06-4-25
Call-Taker's Name _____
Instructions _____

Account Number 04-23119
Name Gilberto Zapata
Address 16246 Hwy 122
City, State, Zip Barney Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Samsung		
Model No.			RSC199CP	NX16A6T11951AA		
Serial No.			REBA-063412	0J4YT DAY 300537L		
Fuel			LP	LP		
BTU Rating			199,000	64,500		
Manual Shut-off (Installed/Existing)			installed	installed		
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK	OK		
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			Open	Open		
Venting System/Draft Diverter			Open	Open		
Combustion Air			ambi	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	1546440	Quality	2025	2025	Side	✓	✓	✓	✓	✓	✓	25	✓	✓

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
1st	Copper	1/2	11E21	Rego	✓	Y9	Hor	lid	2 PSIG	2 PSIG
2nd	Black	3/4	09D24	Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC
THIRD STAGE	CSST	1/2	maxitro	maxitro	✓		Hor	att:c	17 IN WC	11 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st				
2nd	8	8	10 min	OK
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

I, Seth Weeks (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.

(Customer's Signature)

Seth Weeks
(Service Technician's Signature)

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.