



congerlpgas.com

INVOICE / WORK ORDER NO.

118612

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 Jessica Murillo RT# _____ RT. SEQ. _____ ACCT # 1-20888 DATE _____ INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1628 ELTON CLARK ROAD APT/LOT NO. _____CITY Omaha STATE GA ZIP CODE 31775SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____Water heater Not working

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: Jessica murillo @ yahoo.comcell # 392 4602

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>120</u>	<u>4181607</u>	☒	<u>ON SITE</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
	<u>Rinnert</u>	<u>KE180C</u>	<u>TBUA022654</u>		<u>1199.95</u>
	<u>Sediment Trap</u>				<u>50.00</u>
	<u>misc supplies</u>				<u>9.00</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE
	MAKE: <u>Keco</u>	MODEL: <u>TK9</u>	PARTS/MAT. USED	<u>1199.95</u>
	DATE CODE: <u>1B3025</u>	VENT: <u>DOWR</u>	TANK RENT	<u>50.00</u>

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 ☐		HIGH:	1st Stage	2nd Stage	LOW	_____ %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐		START LOCK-UP:	<u>11</u> PSI	PSI	START LOCK-UP:	W.C. LABOR
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	<u>9</u> PSI	PSI	TANK OFF: PRESSURE	W.C. <u>MS</u>
		AFTER 10 MINUTES:	<u>9</u> PSI	PSI	AFTER 10 MINUTES:	W.C. <u>GC</u>
		PRESSURE AS LEFT:	<u>11</u> PSI	PSI	PRESSURE AS LEFT:	W.C. <u>GN</u>
X _____		PIPING PRESSURE TEST				INV. TOTAL
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.

Eric Pulkas
SERVICE REP. SIGNATURE7-9-20
DATE

X

CUSTOMER SIGNATURE