CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 117654

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 William & Brandy Boone RT# ____ RT. SEQ. ____ ACCT # 04-23712 DATE 07/11/25 INT mlf

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 5947 Shevette Rd APT/LOT NO. ____

CITY Lake Park STATE GA ZIP CODE 31636

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 ____

T/S 500 gal rental and install (2) W/H 180ep Rin and 160ep Rin

email:
cell # 229-232-6370 William
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Swap from SQP 229-740-3121 Brandy

20 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
T/S	500	1532009							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
55	ft 3/4 trac pipe				437 25
20	ft 1/2 Copper				99 00
6	1/2 FL nuts				17 70
1	1/2 FL Union				3 95
1	1/2 FL tee				6 95
1	1/2 FL X 1/2 mpt Cutoff Valve				19 95
1	V46R				99 95
2	3/4 Maxitrols				179 90
1	3/4 Cutoff Valve				24 95

WORK PERFOMED:

REGULATION INFORMATION
MAKE: MODEL:
DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	1099 95
PARTS/MAT. USED	WH	1199 95
TANK RENT	TS	30 00
	CF	14 95
SALES TAX 8.5% / 9.0% / 7.99%		6.40 96 (WH) 2.40 1.20
LABOR 2 men	3 hours	540 00
	MP	1125 00
	MS	99 90
	01	79 98
INV. TOTAL		4481 72
AMOUNT RECEIVED		

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 ☐

2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐

I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X ____ CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

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

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 ($800.00)
Rinnai Rebate ($400.00)

Matthew Ray
SERVICE REP. SIGNATURE

7-25-25
DATE

X ____
CUSTOMER SIGNATURE

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

5947 Shevette Rd

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INVOICE / WORK ORDER NO. 117654

CONTINUATION SHEET

NAME William Boone RT # ____ RT. SEQ. ____ ACCT # 04-23712 DATE ____ INT ____

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	RE160e	TC.UA-042456			1099	95
1	Rinnai	RE180e	TB.UA-021750			1199	95
2	3/4 Street L					9	90
2	3/4 Sediment traps					62	00
2	Tankless W/H Flex. Hoses					49	90
2	3/4 X 3" nipples					7	70
2	3/4 Flanges					89	90
1	3/4 Black tee					4	95
3	3/4 close nipples					5	85
5	1" clamps					5	00

ADDITIONAL COMMENTS

REGULATOR INFORMATION	MAKE:	MODEL:	DATE CODE:	VENT:

LEAK AND PRESSURE TEST		START LOCK UP: PSI	TANK OFF PRESSURE: PSI	AFTER 10 MINUTES: PSI	PRESSURE AS LEFT: PSI	PIPING PRESSURE TEST	
		STOCK LOCK UP: W.C.	TANK OFF PRESSURE: W.C.	AFTER 10 MINUTES: W.C.	PRESSURE AS LEFT: W.C.	START PSIG	FINISH PSIG

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

CONGER FUELING LIFE LP GAS

GASCheck
Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger / Valdosta
Call Date 7-25-25
Date GAS Check® Requested
Call-Taker's Name
Instructions

Account Number 04-23712
Name William and Brandy Boone
Address 5947 Shiverette Rd
City, State, Zip Lake Park, GA 31636
Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	~~Room~~ Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer		Rinnai	Rinnai			Generac
Model No.		RE180eP	RE160eP			G0020432
Serial No.		TB.VA-021750	TC.VA-042456			3007406478
Fuel		LP	LP			LP
BTU Rating		180,000	160,000			350,000
Manual Shut-off (Installed/Existing)		Installed	Installed			Existing
Sediment Trap (Installed/Existing)		Installed	Installed			Existing
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		electric	electric			electric
Ignition System(s): Mfr./Model No.		electric	electric			electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Open	Open			Open
Venting System/Draft Diverter		Open	Open			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: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
500	1532009	Quality	2024	2025	Back	N	N	N	N	N	N	24	yes	OK

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE		Iron	3/4	Unknown	Maxitrol	N	3/4	Horizon	Eve	11 IN WC	12.5 IN WC
SECOND STAGE	1st	Copper	1/2	01 B25	Rego	N	TR9	Horizon	Dome	7.5 PSIG	10 PSIG
	2nd	CSST	3/4	04 E24	Rego	N	Y46B	Down	Eve	1.5 ~~PSI~~ IN WC	2.0 ~~PSI~~ IN WC
THIRD STAGE		Iron	3/4	04 D22	Rego	good	B46B	Down	open	11 IN WC	12 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	9.0wc	9.0wc	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, William Boone (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)

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)