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INVOICE / WORK ORDER NO.

115671

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
Vadosta, GA 31602
(229) 469-4250

NAME Stephen/Deidre Chadwick RT# _____ RT. SEQ. _____ ACCT # 04-23457 DATE 7-3-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 14148 GA Hwy 122 APT/LOT NO. _____

CITY Barney STATE GA ZIP CODE 31625

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 _____

email: _____

cell # 229-316-0536

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: install Fireplace 42" VFP42FB, Aged Brick Liner, 30" Ponderosa logs
RSC199ap - Name on BOX.
120 tank on Back of garage

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>120</u>	<u>1346439</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>42" VF Premium Firebox</u>	<u>VFP42FBDF</u>			<u>899.95</u>
<u>1</u>	<u>30" Ponderosa Log Set w/ Millivolt Burner</u>				<u>1,349.95</u>
<u>1</u>	<u>Aged Brick Liner</u>	<u>VBP42D2A</u>			<u>249.95</u>
<u>1</u>	<u>RSC199ap Rinnai</u>		<u>RH.BA-108229</u>		<u>1299.95</u>
<u>40'</u>	<u>1/2 Poly</u>				<u>58.30</u>
<u>2</u>	<u>1/2 copper seats</u>				<u>139.90</u>
<u>10'</u>	<u>1/2 copper</u>				<u>49.50</u>
<u>1</u>	<u>1/2 swivel union</u>				<u>4.95</u>
WORK PERFORMED:	REGULATION INFORMATION			APPLIANCES/EQUIP. SOLD	CODE
	MAKE:	MODEL:		PARTS/MAT. USED	AP
	DATE CODE:	VENT:		TANK RENT	AP
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			SALES TAX	8.0%	<u>104.99</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	HIGH:	1st Stage	2nd Stage	LOW	<u>39.82</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.
	TANK OFF:	PSI	PSI	TANK OFF:	W.C.
	PRESSURE	PSI	PSI	PRESSURE	W.C.
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			LABOR	<u>2man</u>	<u>2.5</u>
X _____			MP		<u>498.40</u>
CUSTOMER SIGNATURE			MS		<u>165.00</u>
			INV. TOTAL	<u>T/S</u>	<u>56.90</u>
			AMOUNT RECEIVED	<u>01</u>	<u>10.00</u>
					<u>39.99</u>

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]
SERVICE REP. SIGNATURE

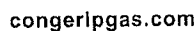
7-10-25
DATE

X

CUSTOMER SIGNATURE

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

[Signature]
GAC Rebate (\$400.00)
Rinnai Rebate (\$200.00)



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

11567

NAME Chadwick RT# _____ RT. SEQ. _____ ACCT# _____ DATE _____ INT _____

[illegible]**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

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



Residential Gas Appliance System Check

Company/Location Conger/valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 04-23457
Name Stephen / Dieder Chadwick
Address 14148 GA Hwy 122
City, State, Zip Burney, GA 31625
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.			R5C199EP			
Serial No.			RH-BA-10822A			
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			inst.			
Sediment Trap (Installed/Existing)			inst.			
Control Mfr./Model No.			—			
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.			—			
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			comb!			
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	1546439	Quality	2023	2023	back	✓	✓	✓	✓	✓	—	25	✓	✓

PIPING/REGULATOR OPERATION/CONDITION

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	09001825	Rego	✓	TR9	Hor	lid	10 PSIG	10 PSIG
	2nd	Black	3/4	09024	Rego	✓	B46R	vert	none	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	8	8	10min OK
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.

(Customer's Signature)

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

Seth Weeks
(Service Technician's Signature)