CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 117683

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 Dixon Taylor RT# ____ RT. SEQ. ____ ACCT # 4.20100 DATE 6/26/25 INT ____

MAILING ADDRESS ____ CO. ____ CITY ____

JOB ADDRESS 6281 Lake Alapha APT/LOT NO. ____

CITY Naylor STATE Ga ZIP CODE ____

NEW CUSTOMER INFORMATION

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

email: gagator@bellsouth.net
cell # 229-460-2894

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED ____

** fire logs were already connected by someone other than Conger **

DIRECTIONS:

(10 gallons)

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	1546467							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Y46R				73 55
1	B46R				60 73
1	Dripleg				31 60
1	5/16 Flex line				8.00
1	48" Flexline				26.25
1	3/4 Cut off				18.60
1	1/2 cut off Flare				11.12
2	1/2 Flare Nuts				5.90
15'	1/2 Copper				52.07

WORK PERFOMED:

REGULATION INFORMATION

MAKE: MODEL:
DATE CODE: VENT:

	CODE	
APPLIANCES/ EQUIP. SOLD	WH	999 95
PARTS/MAT. USED	MP	473.09
TANK RENT	MS	66.19
	CF	14.95
SALES TAX ____ %	80**	37.85 7.30 7.20
LABOR		630 00
Rima Rebate		(200.00)
GPC Rebate		(200.00)
INV. TOTAL		2308.53
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.

Seth Weeks SERVICE REP. SIGNATURE

6.26.25 DATE

X ____ CUSTOMER SIGNATURE

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

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

INVOICE / WORK ORDER NO.
~~115701~~
117683

CONTINUATION SHEET

NAME _____ RT #_____ RT. SEQ. _____ ACCT # _____ 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	
2	1/2 maxitrols					5	12
4	1/2 straightends					81	85
2	Bell reducer					2.	95
4	3/4 Close					7	80
1	3/4 Black T					4	95
1	Drip leg					31	50
1	Re160 Rinnai	Re160	SF.UA-078415			999	95

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 LP GAS — FUELING LIFE

GAS Check — Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location: Conger LP Gas/Valdosta
Call Date:
Date GAS Check® Requested:
Call-Taker's Name:
Instructions:

Account Number:
Name: Dixon taylor
Address: 10281 Lake Alapaha
City, State, Zip: Naylor Ga
Telephone: Office ______ Home ______

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Kucht	Monessen	
Model No.			Re160	uk	BUF36-T	
Serial No.			SF.UA-07845	uk	MP1316129843	
Fuel			LP	LP	LP	
BTU Rating			160,000	uk	uk	
Manual Shut-off (Installed/Existing)			inst	inst.	existing	—
Sediment Trap (Installed/Existing)			inst	—	—	
Control Mfr./Model No.			—	—	—	
Pilot(s)/Pilot Safety System			OK	OK	OK	
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			ambi	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: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE: COND.	DATE	CAP	FITTINGS LEAK TEST
120	1546467	Quality	2025	2025	✓	✓	✓	✓	✓	✓	✓	25	✓	✓

PIPING/REGULATOR OPERATION/CONDITION

		PIPING: MATERIAL	SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE										IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	02C25	Rego	✓	TR9	Hor	lid	16 PSIG	10 PSIG
	2nd	CSST	1/2	04E24	Rego	✓	Y46R	vert	eve	2 psi IN WC	2 psi IN WC
THIRD STAGE		Black	3/4	08D24	Rego	✓	B46R	vert	eve	11 IN WC	13 IN WC

SYSTEM LEAK TEST

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

Comments:

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)

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

[signature] (Service Technician's Signature)