



congerlpgas.com

INVOICE / WORK ORDER NO.

115682

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 Hendrix Construction RT# _____ RT. SEQ. _____ ACCT # 4.20029 DATE 7-14-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

Job: 10119 Spring Hill Rd
ADDRESS _____ APT/LOT NO. _____

CITY Thomasville 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: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS:

Ready for Tankset, Tankset, Convert
Cook Top / Check gas log? make sure its proper.

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	F00076044	60%	22 Gallons	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	B46R				79.95
1	Y46R				49.95
1	Dripsey				31.56
1/8	1/2 copper				89.10
2	1/2 flange nut				5.90
2	1/2 straight end				79.90
1	3/4 max. tol				89.95
3	Bell reducers				8.85
4	3/4 close n.p.				7.80

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	999.95	
	MAKE:	PARTS/MAT. USED	MP	582.59	
	DATE CODE:	TANK RENT	T/S	00.00	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF	14.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				SALES TAX	4.72
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>				80.00	46.61
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>				1.20	
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				LABOR	1-man 400.00
HIGH: 1st Stage 2nd Stage LOW				MS	58.96
START LOCK-UP: PSI PSI START LOCK-UP: W.C.				GPC Rebate	(200.00)
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.				Pinrai Rebate	(200.00)
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.				INV. TOTAL	2,188.98
PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.				AMOUNT RECEIVED	
X _____ CUSTOMER SIGNATURE					
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.

Stk Wad2
SERVICE REP. SIGNATURE

7-14-25
DATE

X

CUSTOMER SIGNATURE



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

113682

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

[illegible][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	PSIG	

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



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 Lee Hendrix
Address 10119 Spring Hill Rd
City, State, Zip thomads ville Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>	<u>Whirlpool</u>		
Model No.			<u>RL75C</u>	<u>UK</u>		
Serial No.			<u>ABCA-032876</u>	<u>UK</u>		
Fuel			<u>LP</u>	<u>LP</u>		
BTU Rating			<u>180,000</u>	<u>54,000</u>		
Manual Shut-off (Installed/Existing)			<u>install</u>	<u>installed</u>		
Sediment Trap (Installed/Existing)			<u>installed</u>	<u>—</u>		
Control Mfr./Model No.			<u>—</u>	<u>—</u>		
Pilot(s)/Pilot Safety System			<u>OK</u>	<u>OK</u>		
Ignition System(s): Mfr./Model No.			<u>electric</u>	<u>electric</u>		
Thermostats: Mfr./Model No.			<u>—</u>	<u>—</u>		
Burner(s)/Combustion Chamber			<u>open</u>	<u>open</u>		
Venting System/Draft Diverter			<u>open</u>	<u>open</u>		
Combustion Air			<u>ambi</u>	<u>ambi</u>		
Red Tag (removed from service)/Recall			<u>—</u>	<u>—</u>		

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	F00076094	Quality	2015	2025	back	✓	✓	✓	✓	✓	✓	2015	✓	✓

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	<u>Copper</u>	<u>1/2</u>	<u>02C25</u>	<u>Rego</u>	<u>✓</u>	<u>TR9</u>	<u>Hor</u>	<u>1' d</u>	<u>10</u> PSIG	<u>10</u> PSIG
2nd	<u>CSST</u>	<u>1/2</u>	<u>04E24</u>	<u>Rego</u>	<u>✓</u>	<u>1/4" R</u>	<u>Vert</u>	<u>eve</u>	<u>2 ps</u> IN WC	<u>2 ps</u> IN WC
THIRD STAGE	<u>Black</u>	<u>3/4</u>	<u>05D24</u>	<u>Rego</u>	<u>✓</u>	<u>B96R</u>	<u>Vert</u>	<u>eve</u>	<u>11</u> IN WC	<u>13</u> IN WC

SYSTEM LEAK TEST

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