CONGER FUELING LIFE LP GAS

congerlpgas.com

INVOICE / WORK ORDER NO. 116085

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 Hutchison RT# ____ RT. SEQ. ____ ACCT # 04-23168 DATE 6/12/25 INT Pw

MAILING ADDRESS ____ CO. ____ CITY ____

ADDRESS 4981 Hatfield Circle APT/LOT NO. ____

CITY Hahira STATE GA ZIP CODE 31632

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 ____

Purchase and install RSC199eP and gas cooktop.

email: sidelle.hutchison@gmail.com
cell # 909-518-5138

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: ____

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	RSC199eP RH-BA-105584		RH-BA-105584		1,299.95
1	Frigidaire 30" Cooktop	FRGCCG3048AB	IF448908896		759.95
60	ft 1/2 tracpipe				357.00
2	1/2 straight ends				79.90
2	1/2 cutoff valves				39.90
1	1/2 x 24" Flex Hose				24.95
10	ft 3/4 Hard pipe				39.70
1	3/4 Black Iron tee				4.95
1	1/2 FLx 3/4 mpt				3.95

WORK PERFOMED: ____

REGULATION INFORMATION
MAKE: ____ MODEL: ____
DATE CODE: ____ VENT: ____

	CODE	
APPLIANCES/ EQUIP. SOLD	WSH	1299.95
PARTS/MAT. USED	AP	759.95
TANK RENT	MP	695.15
	CF	14.95
SALES TAX 8 %	60.80 / 104 USE	55.69 / 6.29
LABOR 2 men		720.00
	MS	54.91
GPC Rebate		(450.00)
INV. TOTAL		3803.31
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.

Matthew Ray
SERVICE REP. SIGNATURE

6-16-25
DATE

x ____ CUSTOMER SIGNATURE

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

4981 Hatfield cir

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CONTINUATION SHEET

NAME William Hutchinson 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
1	3/4 Sediment trap				31 00
1	3/4 street L				4 95
1	B46B				79 95
1	W/H Flex Hose				24 95
1	3/4 coupling				3 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 FUELING LIFE LP GAS

GASCheck® Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger Valdosta

Call Date 6-16-25

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number 04-23168

Name William Hutchinson

Address 4981 Hatfield Circle

City, State, Zip Hahira GA 31632

Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer			RINNAI	Frigidaire		Kohler
Model No.			RSC199epe	GCCG3048AB		As Previous
Serial No.			RIT-BA-105584	HF4489089G		
Fuel			LP	LP		
BTU Rating			199,000	48000		
Manual Shut-off (Installed/Existing)			Installed	Installed		
Sediment Trap (Installed/Existing)			Installed	—		
Control Mfr./Model No.			—	—		
Pilot(s)/Pilot Safety System			electric	electric		
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.			—	—		
Burner(s)/Combustion Chamber			Open	Open		
Venting System/Draft Diverter			Open	Open		
Combustion Air			Ambient	Ambient		
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
250	1535518	Quality Steel	2025	2025	Rear	OK	OK	OK	OK	OK	OK	2501	OK	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										IN WC	IN WC
SECOND STAGE	1st	Copper	1/2"	09102024	Rego	OK	7119	Horiz	Rain	PSIG	PSIG
	2nd	Black Iron	3/4"	08102024	Rego	New	B42LR	Horiz	OVC	IN WC	IN WC
THIRD STAGE										IN WC	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	5.0 wc	5.0 wc	10	YES
SECOND STAGE 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 HUTCHISON (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, Stephen Blythe (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

Stephen Blythe

(Service Technician's Signature)