



congerlpgas.com

INVOICE / WORK ORDER NO.

115770

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 Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 7-8-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 5273 Hamilton Green Cir APT/LOT NO. _____

CITY Valdosta STATE GA ZIP CODE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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	3/4 elbow				1.58
2	3/4 x 3" nipple				89
1	3/4 coupling				1.33
1	Rinnai	RX160	SA.BA-006379		1099.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	3.78
	MAKE:	MODEL:	PARTS/MAT. USED	LOH 1099.95
	DATE CODE:	VENT:	TANK RENT	MS 6.23
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF 14.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				SALES TAX
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>				5.50
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>				88.00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				1.20
X				100.00
CUSTOMER SIGNATURE				GPC Rebate (200.00)
HIGH: 1st Stage 2nd Stage LOW				Rinnai Rebate (200.00)
START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR				
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				INV. TOTAL 1314.91
START PSIG FINISH PSIG				AMOUNT RECEIVED

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.

Math Ray
SERVICE REP. SIGNATURE

7-8-25
DATE

X

CUSTOMER SIGNATURE

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



Residential Gas Appliance System Check

Company/Location Conger/Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name John OwensAddress 5273 Hamilton Green CirCity, State, Zip Valdosta Ga

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Range	Water Heater	Clothes Dryer 5	6
Manufacturer			<u>Ge</u>	<u>Rinnai</u>		
Model No.			<u>665300pr255</u>	<u>Rx160</u>		
Serial No.			<u>LA11561912</u>	<u>SA-04-006372</u>		
Fuel			<u>LP</u>	<u>LP</u>		
BTU Rating			<u>44,000</u>	<u>162,000</u>		
Manual Shut-off (Installed/Existing)			<u>inst.</u>	<u>installed</u>		
Sediment Trap (Installed/Existing)			<u>—</u>	<u>installed</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	

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
SECOND STAGE	1st	Black	3/4	04025	Rego	✓	Y46R	vert	cve	2 PSIG	2 PSIG
	2nd	CSST	3/4		maxitrol	✓	maxi	Hor	Attic	7 IN WC	11 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

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

Comments _____

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 ☒ YesSeth Weeks
(Service Technician's Signature)

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)