



congerlpgas.com

INVOICE / WORK ORDER NO.

115769

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 5277 Hamilton Green Cir APT/LOT NO. _____

CITY Valdosta 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

DIRECTIONS:

meter s/n CG00031000096177

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
1	3/4 x 3" nipple				.57
1	3/4 Coupling				1.35
1	Rinnai	RX160i	SA-BA-006374		1099.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	MP	3.78
	DATE CODE:	VENT:	MS	6.23
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				
LEAK AND PRESSURE TEST				
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>				SALES TAX
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>				_____ %
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				
X _____				
CUSTOMER SIGNATURE				
HIGH: 1st Stage 2nd Stage LOW				
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				
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.

Matt 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 LP Gas / Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name John Owens

Address 5277 Hamilton Green Cir

City, State, Zip Valdosta Ga

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Gc		
Model No.			Rx160	65500PV255		
Serial No.			SA-BA-002324	LA115618Q		
Fuel			LP	LP		
BTU Rating			160,000	44,000		
Manual Shut-off (Installed/Existing)			inst.	inst.		
Sediment Trap (Installed/Existing)			inst.	—		
Control Mfr./Model No.			—	—		
Pilot(s)/Pilot Safety System			OK	OK		
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			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:					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									
SECOND STAGE	1st	Black	3/4	04025	Rego	✓	Y46R	vert	cve	2 PSIG	2 PSIG
	2nd	CSS4	3/4		Maxi	✓	Y46R 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	8	8	10 min OK
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

I, SETH WICKS (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 WICKS
(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)