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INVOICE / WORK ORDER NO.

115851

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 Chad Slaughter RT# _____ RT. SEQ. _____ ACCT # 04-22507 DATE 7-24-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 6982 Simpson Rd 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 _____

email: _____

cell # 229-560-5884

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: Hang RE199ep and Run 3/4 trap pipe under house. Come off of High pressure from generator to go under house.

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
66	FT 3/4 trap pipe			7.95	524.70
1	Binna	RE199ep	SL-DA-168805		1399.95
1	3/4 Maxitrol				89.95
1	Y4bR				89.95
2	3/4 Flanges				89.90
1	1/2 FL tee				6.95
4	1/2 FL nuts				11.80
20	ft 1/2 copper				99.00
2	Cutoff valves				39.90

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE:	PARTS/MAT. USED	MP
	MODEL:	TANK RENT	WH
	DATE CODE:		MS
	VENT:		CF
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE			
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX	
LEAK AND PRESSURE TEST		82.00	112.00
HIGH: 1st Stage 2nd Stage LOW		2.51	1.20
START LOCK-UP: PSI PSI START LOCK-UP: W.C.		LABOR 2 men 3 hours	540.00
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.		Binna: Pedate	(200.00)
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.		GFC Pedate	(200.00)
PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.		INV. TOTAL	3278.46
PIPING PRESSURE TEST		AMOUNT RECEIVED	
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.

Mark Ray
SERVICE REP. SIGNATURE

7-24-25
DATE

X

CUSTOMER SIGNATURE

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



Company/Location Compton/Valdosta
Call Date 7-24-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Chad Slaughter
Address 6482 Simpson Rd
City, State, Zip Hahim, 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			Pinnai			Generac
Model No.			RE199eP			Generac
Serial No.			SL-4A-168805			same as previous
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			Electric			
Ignition System(s): Mfr./Model No.			Electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air						
Red Tag (removed from service)/Recall						

[illegible]

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	Copper 1/2 1/2	06 D 15	Rego	Good	TK9	Horizon	Damp	8 PSIG	10 PSIG
	2nd	Iron 3/4	08 D 23	Rego	Good	B46R	Down	Open	11 IN WC	12.5 IN WC
THIRD STAGE		CSST 3/4	04 E 24	Rego	N	V46R	Down	EUP	1.5 PSI	2.0 PSI

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st	9.0wc	9.0wc	10	YES
	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, _____ (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.

Reference Invoice No. _____ Date _____
I, Matthew Ray / Seth Weeks (please print name)
certify that I have completed the System Check as prescribed.

- | | |
|---|---|
| Performed Odor Test | <input checked="" type="checkbox"/> Yes |
| Performed Leak/Pressure Test | <input type="checkbox"/> Yes |
| Placed Safety Decal | <input checked="" type="checkbox"/> Yes |
| Left Consumer Safety Information and Material | <input type="checkbox"/> Yes |


(Service Technician's Signature)