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INVOICE / WORK ORDER NO.

115852

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME Building valdosta RT# _____ RT. SEQ. _____ ACCT # 4-20871 DATE 7-22 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____ NEW CUSTOMER INFORMATION

ADDRESS 3008 mary powell APT/LOT NO. _____ S.S. NO. _____ DELV _____CITY Hahira STATE Ga ZIP CODE _____ HOME PH _____ RENT _____SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ WORK PH _____ CREDIT _____DIRECTIONS: < 10 gal > DR. _____ USE _____ LEASE _____

TANK PICKUP/SET TANK SIZE SERIAL # TANK % TANK DESTINATION DOT PERMANENTLY INSTALLED CONTAINERS

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	1546520							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
2	Rinnai 160 RE160dP SD-UA-053502/RE160dP TC-UA-042453			1999.90	
15'	3/8 copper			38.40	
2	3/8 flare nut			4.86	
1	3/8 m.p			3.95	
1	1/2 cutoff			15.07	
2	1/2 close m.p			3.90	
1	46B			23.55	
1	3/4 T			3.95	
2	Flex line water heater			16.40	

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: MODEL:	MP	1999.90
	DATE CODE: VENT:	MS	579.12
		CF	77.95

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				SALES TAX	LABOR
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				159.99	220.00
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐				46.33	10.00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐				6.24	39.99
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				2.20	
X				GPC Rebate	(800.00)
CUSTOMER SIGNATURE				INV. TOTAL	3659.67
PIPING PRESSURE TEST				AMOUNT RECEIVED	3605.68
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.

SERVICE REP. SIGNATURE [Signature] DATE 7-22-25 CUSTOMER SIGNATURE [Signature]



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(229) 386-5574

360 S. Main St.
Sylvester, GA 31791
(229) 776-7336

640-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-8722

3117 Veterans Parkway S.
Moultrie, GA 31768
(229) 985-6942

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

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115557

CONTINUATION SHEET

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 / Valdosta
Call Date 8-1-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name JD Venger
Address 5008 Mary Powell
City, State, Zip Hahira, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Rinnai	Rinnai	Whirlpool		
Model No.		RE160c	RE160c	WSGS7530R20		
Serial No.		SD. VA -053502	TC. VA -042453	RE1015076		
Fuel		LP	LP	LP		
BTU Rating		160,000	160,000	65,500		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)		Installed	Installed	None		
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		Electric	Electric	Electric		
Ignition System(s): Mfr./Model No.		Electric	Electric	Electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Open	Open	Open		
Venting System/Draft Diverter		Open	Open	Open		
Combustion Air						
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	
120	1546441	Quality	2025	2025	LPT	N	N	N	N	N	N	25	yes	OK

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	Copper	1/2	03 D25	Rego	N	TR9	Horizontal	Down	8 PSIG	10 PSIG
	2nd	CSS4	3/4	04 C25	Rego	N	Y46R	Down	Even	1.5 PSI IN-WC	2.0 PSI IN-WC
THIRD STAGE		Iron	3/4	09 D24	Rego	N	B46R	Down	Even	11 IN WC	12.5 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	9.0 psi	9.0 psi	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.

I, Math Ray (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

Math Ray
(Service Technician's Signature)

(Customer's Signature)