



congerlpgas.com

INVOICE / WORK ORDER NO.

115721

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 Premier Southern RT# _____ RT. SEQ. _____ ACCT # 21602 DATE 8-6-25 INT RMMAILING ADDRESS 2410 Andover Drive CO. _____ CITY _____
Valdosta, GA 31602ADDRESS 3055 Hatfield APT/LOT NO. _____
CITY Hahira STATE Ga ZIP CODE 31632NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____email: t-mitch-11@yahoo.com
cell # 529-263-1602

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS:

10 Gallons

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>Set</u>	<u>120</u>	<u>1546489</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>10</u>	<u>1/2 copper</u>				<u>49.50</u>
<u>2</u>	<u>1/2 flare nut</u>				<u>5.90</u>
<u>1</u>	<u>Y46R</u>				<u>99.95</u>
<u>2</u>	<u>1/2 maxitrol</u>				<u>89.90</u>
<u>4</u>	<u>1/2 straight</u>				<u>159.60</u>
<u>1</u>	<u>Rel 60 3/4" (w/H)</u>	<u>Rel 60 3/4" 05343</u>			<u>999.95</u>
<u>1</u>	<u>Bell reducer</u>				<u>2.95</u>
<u>1</u>	<u>Dr. Plug</u>				<u>31.50</u>
<u>1</u>	<u>Flex line water</u>				<u>24.95</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	<u>WH</u>
	DATE CODE:	VENT:	TANK RENT	<u>MP</u>
				<u>MS</u>
				<u>OF</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST				SALES TAX
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH:	1st Stage	2nd Stage	LOW	<u>80.00</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>		START LOCK-UP:	PSI	PSI	START LOCK-UP:	
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF:	PSI	PSI	TANK OFF:	
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	
X _____		PIPING PRESSURE TEST				INV. TOTAL
CUSTOMER SIGNATURE		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.

Scott W. [Signature]
SERVICE REP. SIGNATURE8-6-25
DATE

CUSTOMER SIGNATURE

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

3-men
2



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

115721

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 LP Gas/valdosta
Call Date _____

Account Number _____
Name Thad Mitchell
Address 5055 Hartfield
City, State, Zip Hahira GA
Telephone: Office _____ Home _____

Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Whirlpool		
Model No.			Rel60			
Serial No.			3D-1A-053413			
Fuel			LP	LP		
BTU Rating			160,000			
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	
120	1546489	Quality	2025	2025	side	✓	✓	✓	✓	✓	✓	25	✓	✓

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	03D25	Rego	✓	TRA	Hor	1/2	10 PSIG	10 PSIG
	2nd	CSS+	1/2	04C25	Rego	✓	Y46R	vert	none	2PSI IN WC	2PSI IN WC
THIRD STAGE		CSS+	1/2		max. 400	✓	1/2	Hor	A-H-C	7 IN WC	11 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE		END PRESSURE		TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)	(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st					
	2nd	8	8		10 min	OK
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 ☒ Yes

Seth 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)