



congerlpgas.com

INVOICE / WORK ORDER NO.

117362

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 BO WILLIAMS RT# _____ RT. SEQ. _____ ACCT # 03-23678 DATE 9.12.25 INT APP

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 10 FUNTRIDGE RD APT/LOT NO. _____

CITY MOULTRIE STATE GA ZIP CODE 31768

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: CASH CHARGE DATE PROMISED _____

HANG RINNAI W/H

email: brilliams@wilcoelectric.com
cell # 229-921-1357
PAY BILL ONLINE @congerlpgas.com

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	<u>Rinnai Water Heater</u>	<u>RE180eP</u>	<u>SM.UA-186360</u>		<u>1199.95</u>

WORK PERFORMED: Hung w/h

REGULATION INFORMATION

MAKE: _____ MODEL: _____

DATE CODE: _____ VENT: _____

APPLIANCES/EQUIP. SOLD: _____ CODE: _____

PARTS/MAT. USED: WH 1199.95

TANK RENT: _____

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"/>	HIGH:	1st Stage	2nd Stage	LOW	SALES TAX _____ %	<u>1.52</u>	<u>9600</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:	W.C.	<u>LB</u>	<u>100.00</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	<u>GAC</u>	<u>200.00</u>
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.		
	AS LEFT: PRESSURE	PSI	PSI	AS LEFT: PRESSURE	W.C.		

X _____ CUSTOMER SIGNATURE

PIPING PRESSURE TEST

START _____ PSIG FINISH _____ PSIG

INV. TOTAL GAC 1216.42

AMOUNT RECEIVED 200.00

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.

[Signature] SERVICE REP. SIGNATURE 9.12.2025 DATE [Signature] CUSTOMER SIGNATURE