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INVOICE / WORK ORDER NO.

118138

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.
Vadalia, 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 Davis Design & Dev RT# 4-21407 RT. SEQ. 04-23628 ACCT # 09/11/25 DATE 09/11/25 INT mlsMAILING ADDRESS Pat O'Neal Homeowner, Shawn is point of contact CO. GA CITY VLDADDRESS 2974 Pecan Plantation APT/LOT NO. 31601CITY VLD STATE GA ZIP CODE 31601SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED Ready for hook-up from COI buried tank to (2) w/H (one on house - other apt)DIRECTIONS: and to generator, range - which also needs to be converted.tank sold from somewhere else.email: PAY BILL ONLINE @congerlpgas.com

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
280	3/4 Poly pipe				266.00
2	3/4 Poly Tee				239.90
2	3/4 Poly Biser				319.90
2	3/4 Poly Transition				89.90
2	B46R				159.90
2	Drip legs				84.78
3	Bell Reducers				11.85
1	3/4 union				12.95
1	1/2 Union				10.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MS	152.09
	DATE CODE:	VENT:	TANK RENT	MP	1544.78
				CF	18.95

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 ☐		HIGH:	1st Stage 2nd Stage LOW	88.00	123.58
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐		START LOCK-UP:	PSI PSI	2 men 5.5 hours	990.00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF:	PSI PSI	WH	1099.95
		AFTER 10 MINUTES:	PSI PSI	WH	999.95
		PRESSURE AS LEFT:	PSI PSI	GAC Rebates	(400.00)
X		PIPING PRESSURE TEST		INV. TOTAL	5110.99
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. Final Rebates (400.00)

Seth Weeks 9-16-25 x CUSTOMER SIGNATURE

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



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~~115795~~

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CONTINUATION SHEET

NAME Davis Design and Dev RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

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
7	3/4 T				4 95
5	3/4 close nip				9 75
2	3/4 elbow				9 90
1	Flex line water Heater				24 95
1	48" 1/2 Flex line				34 95
2	3/4 cutoff				49 90
1	1/2 cutoff				19 95
2	3" 1/2 nipple				3 90
2	1/2 nip				7 90
1	Binna	Re180	TE. VA-065188		1049 95
1	Binna	Re160	ST. VA-142460		999 95
1	TR9				89 95
1	Pigtail				9 95
1	1/2 5/8 m.p				3 95
3'	5/8 copper				23 85
1	poly coupling				44 95
1	1/2 ~ 3/4 FIP				3 95
2	5/8 nuts				5 90

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

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



Residential Gas Appliance System Check

Account Number 04-23628
Name Cole Davis
Address 2974 Pecan Plantation
City, State, Zip Valdosta, GA
Telephone: Office _____ Home _____

Company/Location Conger/valdosta
Call Date 9-16-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions Main House

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Burner	Rinnai	Wolf		
Model No.		RE1806	RE1606	DF60650DG		
Serial No.		TEVA06188	SSUA14240	19854684		
Fuel		LP	LP	LP		
BTU Rating		180000	160000	61000		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)		Installed	Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		OK	OK	OK		
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		Amber	Amber	Amber		
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	
250	98337	National	57		UG	good	good	new	new	new	new	2x	yes	Yr

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	Poly	3/4	2/25	Reg.	new	104408TR9	down	down	PSIG
	2nd	Hard	3/4	8/21	Reg.	new	LV4403846R	down	down	IN WC
THIRD STAGE	True	1/2	9/24	Reg.	new	LV4403846R	down	vent	IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
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.

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)

(Customer's Signature)