CONGER LP GAS — FUELING LIFE

congerlpgas.com

INVOICE / WORK ORDER NO. 118130

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 Dixon taylor RT# ____ RT. SEQ. ____ ACCT # 20100 DATE 9-19-25 INT [illegible]

MAILING ADDRESS ________ CO. ____ CITY ____

ADDRESS 3069 Houser way APT/LOT NO. ________

CITY Hahira STATE Ga ZIP CODE ________

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 ________

email:
cell #

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: (10 Gallons)

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
Set	120	1546512							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
15'	1/2 Copper				74.25
2	1/2 Nut				5.90
1	1/2 cutoff				19.99
1	Y46R				89.95
2	3/4 Close				3.90
1	3/4 T				3.95
1	Bell reducer				5.90
1	Dripley				31.50
1	B46R				79.95

WORK PERFOMED: ________

REGULATION INFORMATION
MAKE: ____ MODEL: ____
DATE CODE: ____ VENT: ____

	CODE	
APPLIANCES/ EQUIP. SOLD	LSH	1199.95
PARTS/MAT. USED	MP	456.10
TANK RENT	MS	42.37
	CF	18.95
SALES TAX ____ %	96.- ~~3.20~~	3.39 ~~42~~.36.49 1.52
LABOR 1	2.5hr	250.00
	TK	~~0.0~~
	DF	39.99
GPC Rebate		(200.00)
INV. TOTAL		2104.77
AMOUNT RECEIVED		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐

I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X ________
CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

HIGH:	1st Stage	2nd Stage	LOW	
START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.

PIPING PRESSURE TEST
START ____ PSIG FINISH ____ PSIG

$0

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.

Rinnai Rebate (200.00)

[signature] 9-19-25 X ________
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE

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

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

INVOICE / WORK ORDER NO.
18130

CONTINUATION SHEET

NAME _____ 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	
1	~~3/4~~ Cutoff 1/2					19	99
2	1/2 close					2	95
1	TW/H Flex line					24	90
1	48" 1/2 Flex					19	99
2	1/2 straights					40	92
1	maxitrol 1/2					28	06
1	Rinnai	RL98O	TEUA-065185			1199	95

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

CONGER FUELING LIFE LP GAS

GASCheck® Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger / Valdosta

Call Date

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number

Name Dixon Taylor

Address 3069 Hauser Way

City, State, Zip Valdosta

Telephone: Office Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Frigidaire		
Model No.			RE180	UK		
Serial No.			TE.44-06985	UK		
Fuel			LP	LP		
BTU Rating			180000	54,000		
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			comb.	comb.		
Red Tag (removed from service)/Recall			—	—		

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF: TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	RELIEF VALVE COND.	DATE	CAP	FITTINGS LEAK TEST
120	1346512	Quality	2023	2025	Side	✓	✓	✓	✓	✓	✓	25	✓	✓

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
SINGLE STAGE										IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	04D25	Rego	✓	TR9	Hor	Lic	10 PSIG	10 PSIG
	2nd	CSST	1/2	04C25	Rego	✓	X146R	vert	none	2 IN WC	2 IN WC
THIRD STAGE		Black	3/4	09D25	Rego	✓	B146R	vert	none	11 IN WC	13 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				
	2nd	✓	✓	10	OK
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.

(Customer's Signature)

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)