



congerlpgas.com

INVOICE / WORK ORDER NO.

115608

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

Handwritten notes: 4-24092, 7-20821

NAME Jake Howell RT# RT. SEQ. ACCT # DATE 6-11-25 INT

MAILING ADDRESS CO. CITY
ADDRESS 7701 US Hwy 41 South APT/LOT NO.
CITY Lake Park 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

check to see if wants dryer line, Range

email:
cell # 229-356-3670
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: THWH/RSC 199 eP *10 gallons in Junk *
36" Deluxe 24" G-10/CAS Loge fake 120

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

WORK PERFORMED: set tank can lines, installed thwh and Firebox. Safety check.
REGULATION INFORMATION: MAKE, MODEL, DATE CODE, VENT.
APPLIANCES/EQUIP. SOLD: WSH 1299.95
PARTS/MAT. USED: AP 699.95
TANK RENT: MP 1793.60

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.
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
INV. TOTAL GPC Rebate (200.00)
AMOUNT RECEIVED 5148.55

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 DATE 9/23/25 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger/valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Jake Howell

Address 7701 US Hwy 47 S

City, State, Zip Lake Park, GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RSC199eP			
Serial No.			RE.BA-065345			
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.			---			
Pilot(s)/Pilot Safety System			electric			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.			---			
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			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	1546470	Quality	2025	2025	Left	New	New	New	New	New	New	2024	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							PSI	PSI	
	Copper	1/2"	02C2025	Rego	New	TR9	Down	Dome	9	10	
SECOND STAGE	1st	CSST	04E2024	Rego	New	Y46R	Down	eye	1.5 PSIG	2 PSIG	
	2nd	CSST	unknown	maxitrol	New	3/4"	Horiz	under house	11 IN WC	13 IN WC	
THIRD STAGE	CSST	3/4"	unknown	maxitrol	New	3/4"	Horiz	under house	11 IN WC	13 IN WC	

SYSTEM LEAK TEST				
SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE 1st	9.0wc	9.0wc	10 mins	OK
SECOND STAGE 2nd				
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

I, Cole Truett (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

 (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)

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.