



congerlpgas.com

INVOICE / WORK ORDER NO.

115889

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 AJ Sacco RT# _____ RT. SEQ. _____ ACCT # 24074 DATE 9/19/25 INT TJ

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 6483 Meadow Creek APT/LOT NO. _____
CITY Hahira STATE GA ZIP CODE 31632

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 # 586-343-6322
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: ajsaccocsetinstonega.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>252</u>	<u>609991</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>30'</u>	<u>3/4" Poly</u>				<u>28 50</u>
<u>40'</u>	<u>1/2" copper</u>				<u>198 00</u>
<u>2</u>	<u>Poly transitions</u>				<u>80 00</u>
<u>3</u>	<u>7/8" fl x 3/4" mip</u>				<u>14 85</u>
<u>2</u>	<u>3/4" tee</u>				<u>9 90</u>
<u>4</u>	<u>1/2" fl nuts</u>				<u>11 80</u>
<u>1</u>	<u>3/4" sediment trap</u>				<u>31 50</u>
<u>1</u>	<u>1/2" cutoff</u>				<u>19 99</u>
<u>1</u>	<u>3/4" cutoff</u>				<u>19 99</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	SALES AMOUNT
	MAKE: _____ MODEL: _____	<u>WPC</u>	<u>1099 95</u>
	DATE CODE: _____ VENT: _____	<u>MP</u>	<u>799 48</u>
		<u>MS</u>	<u>119 97</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	LEAK AND PRESSURE TEST	SALES TAX	SALES AMOUNT
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	<u>CF</u>	<u>16 95</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>88.50</u>	<u>63.96</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>9.60</u>	<u>1.36</u>
	AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.		
	PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.		
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST	INV. TOTAL	<u>3399.27</u>
	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.
Matt Ray _____ 8-20-25 _____ x _____
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number _____
 Name AS Sacco
 Address 6483 Meadow Creek
 City, State, Zip Huldon, GA, 31632
 Telephone: Office _____ Home _____

Company/Location Conger/Valdosta
 Call Date 8-20-25
 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			
Model No.			RE180e			
Serial No.			TE-UA-063191			
Fuel			LP			
BTU Rating			180,000			
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
250	609991	Quali ty	1999	2025	Rear	OK	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							IN WC	PSIG	IN WC	PSIG	
SECOND STAGE	1st	Poly	3/4"	0702025	Regu	New	TR9	Down	Dome	9.5	PSIG	10	PSIG
	2nd	CSST	1/2"	0902024	Regu	New	B46R	Down	eve	11	IN WC	13	IN WC
THIRD STAGE											IN WC		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	9.0wc	9.0wc	10mins	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, Cole Tumeff (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

Cole Tumeff
 _____ (Service Technician's Signature)