



congerlpgas.com

INVOICE / WORK ORDER NO.

118112

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 Classic Homes By Weaver RT# _____ RT. SEQ. _____ ACCT # 19957 DATE 8/26/25 INT R

MAILING ADDRESS _____ CO. _____ CITY _____ ADDRESS 3948 Lu Lane APT/LOT NO. _____ CITY Habira 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: Set 120 tank, Hang w/H, tie in and safety check. *10 gallons in tank*

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

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD, W/CODS

Table with columns: LEAK AND PRESSURE TEST (HIGH, 1st Stage, 2nd Stage, LOW), START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES PRESSURE AS LEFT, PIPING PRESSURE TEST (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. GPC Rebate (400.00)

Service Rep. Signature: [Signature]

DATE: 8/26/25

CUSTOMER SIGNATURE: [Signature]



Residential Gas Appliance System Check

Company/Location Conger Valdosta
 Call Date 8-26-25
 Date GAS Check® Requested _____
 Call-Taker's Name _____
 Instructions _____

Account Number _____
 Name Austin Weaver
 Address 3948 Lu Lane
 City, State, Zip Valdosta 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.			RE160e			
Serial No.			55.4A-142458			
Fuel			LP			
BTU Rating			160,000			
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	
120	1546491	Quality	2025	2025	Right	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									
SECOND STAGE	1st	Copper	3/8"	04D2025	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
	2nd	BI	3/4"	05D2024	Rego	New	B46R	Down	eye	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	9.0 WC	9.0 WC	10 mins	OK
	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, 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)

_____ (Customer's Signature)