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INVOICE / WORK ORDER NO.

115723

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 RT# _____ RT. SEQ. _____ ACCT # 19957 DATE 10/3/25 INT Tj

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 2056 Hazel way APT/LOT NO. _____

CITY Hahira STATE Ga ZIP CODE 31632

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: Set tank and tied in - Safety check

10 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>Set</u>	<u>120</u>	<u>1346464</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>13</u>	<u>3/8 copper</u>				<u>59.25</u>
<u>2</u>	<u>3/8 flare nuts</u>				<u>3.90</u>
<u>1</u>	<u>1/2-3/8 cut off</u>				<u>19.99</u>
<u>1</u>	<u>B462</u>				<u>79.95</u>
<u>1</u>	<u>Dripless</u>				<u>31.30</u>
<u>1</u>	<u>Rinnai</u>	<u>Relco</u>	<u>SJ.44-142465</u>		<u>999.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	<u>MP</u>	<u>194.59</u>
	MAKE:	MODEL:	<u>WH</u>	<u>999.95</u>
	DATE CODE:	VENT:	TANK RENT	<u>MS</u>
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX	<u>CF</u>	<u>18.95</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐			<u>80-</u>	<u>16.07</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐				<u>1.65</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				<u>1.52</u>
X		LABOR	<u>1 hr</u>	<u>1.5</u>
CUSTOMER SIGNATURE		INV. TOTAL		<u>150.00</u>
		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.

[Signature]
SERVICE REP. SIGNATURE

9-29-25
DATE

[Signature]
CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Valdosta
Call Date 9-29-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Austin Weaver
Address 2056 Hazel way
City, State, Zip Hahira
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>			
Model No.			<u>RE160E</u>			
Serial No.			<u>SJUA-142465</u>			
Fuel			<u>LP</u>			
BTU Rating			<u>160,000</u>			
Manual Shut-off (Installed/Existing)			<u>Installed</u>			
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.			<u>Elect</u>			
Pilot(s)/Pilot Safety System			<u>—</u>			
Ignition System(s): Mfr./Model No.			<u>Elect</u>			
Thermostats: Mfr./Model No.			<u>Amb.</u>			
Burner(s)/Combustion Chamber			<u>open</u>			
Venting System/Draft Diverter			<u>open</u>			
Combustion Air			<u>Amb</u>			
Red Tag (removed from service)/Recall			<u>—</u>			

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	
<u>120</u>	<u>1546469</u>	<u>Quality</u>	<u>25</u>	<u>—</u>	<u>Arg Right</u>	<u>New</u>	<u>New</u>	<u>New</u>	<u>New</u>	<u>New</u>	<u>New</u>	<u>25</u>	<u>Yes</u>	<u>Yes</u>

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								
									<u>IN WC</u>	<u>IN WC</u>
1st	<u>Copp-</u>	<u>3/8</u>	<u>2C 25</u>	<u>Reg-</u>	<u>New</u>	<u>LV4403TR</u>	<u>Down</u>	<u>Dome</u>	<u>PSIG</u>	<u>PSIG</u>
2nd	<u>Hand</u>	<u>3/4</u>	<u>7D 25</u>	<u>Reg-</u>	<u>New</u>	<u>LV4403B46R</u>	<u>Down</u>	<u>vent</u>	<u>IN WC</u>	<u>IN WC</u>
THIRD STAGE									<u>IN WC</u>	<u>IN WC</u>

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
1st	<u>9.0wc</u>	<u>9.0wc</u>	<u>10</u>	<u>yes</u>
2nd				
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

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

- 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)

Seth Weeks
(Service Technician's Signature)