



congerlpgas.com

INVOICE / WORK ORDER NO.

116128

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 Conrad Seasholtz RT# _____ RT. SEQ. _____ ACCT # 04-22853 DATE 10-7-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 7599 Hwy 41 S. APT/LOT NO. _____

CITY Lake Park STATE GA ZIP CODE 31636

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: 811 dig ticket # - 250929-006136 Ready
Install RE199eP

By 10-2-25

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
180'	3/4" Poly				171 00
25'	1/2" Copper				123 75
6	1/2" fl nuts				17 70
1	3/4" poly tee				119 95
3	3/4" transitions				134 85
2	3/4" couplings (Poly)				89 90
1	Rinnai	RE199e	SL 4A-168794		1399 95
2	3/4" sediment trap				63 00
2	Rego B46R				159 90

WORK PERFORMED:	Trenched in Poly	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE
	for generator and TWH.	MAKE:	MODEL:	PARTS/MAT. USED	WH
		DATE CODE:	VENT:	TANK RENT	MP
					MS

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF	18 95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					SALES TAX	94.36 1.52
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐						112.00 9.12
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.					LABOR	720 00
X					GPC Rebate	(200.00)
					Rinnai Rebate	(200.00)
CUSTOMER SIGNATURE					INV. TOTAL	
PIPING PRESSURE TEST					AMOUNT RECEIVED	3649.42
START PSIG FINISH PSIG						

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.

Cl TWH
SERVICE REP. SIGNATURE

10/17/25
DATE

CUSTOMER SIGNATURE



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

116128

NAME Conrad Seysholtz RT# _____ RT. SEQ. _____ ACCT# _____ DATE _____ INT _____

[illegible]

REGULATOR INFORMATION

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

WHITE/FILE COPY: YELLOW/CUSTOMER COPY: PINK/POSTING/OFFICE COPY



Residential Gas Appliance System Check

Company/Location Conger/Valetsta
Call Date 10/17/25

Account Number 04-22853
Name Conrad Sæa Sholtz
Address 7599 Hwy 41 S
City, State, Zip Lake Park, GA, 31636
Telephone: Office 229-548-6630 Home _____

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	Generac 6
Manufacturer			Rinnai			Generac
Model No.			RE149e			RG032204AMAX
Serial No.			SL4A-168794			3010432709
Fuel			LP			LP
BTU Rating			144,000			390,000
Manual Shut-off (Installed/Existing)			installed			installed
Sediment Trap (Installed/Existing)			installed			installed
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			electric			electric
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			ambi			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	
1000	1509502	Quality	2024	2024	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									
										IN WC	IN WC
SECOND STAGE	1st	Poly	3/4"	05D2025	Rego	New	TR9	Down	None	9.5 PSIG	10 PSIG
	2nd	BI	3/4"	09D2024	Rego	New	B46R	Down	etc	11 IN WC	13 IN WC
THIRD STAGE		BI	3/4"	09D2024	Rego	New	B46R	Down	etc	11 IN WC	13 IN WC

SYSTEM LEAK TEST

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

Comments _____

Reference Invoice No. _____ Date 10/17/25

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

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)

Cole Truett
(Service Technician'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.