



congerlpgas.com

INVOICE / WORK ORDER NO.

118600

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 Christopher Wilson RT# _____ RT. SEQ. _____ ACCT # 04-23027 DATE 09/08/25 INT mlx

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1318 Winding Ridge Circle APT/LOT NO. _____CITY VLD STATE GA ZIP CODE 31605

NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: clwilson@mac.comcell # 706-977-8252

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Wants 250-gal (rental) tank to fuel RIN w/H.
F/P logs, and generator being installed by
Anderson Elec on 10/02/25. He is buying RIN w/H from
Conger. permit # 2025-6005

Take w/H * 10 gallons in tank *

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	250	1546252			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	RE180eP - Rinnai		TF.VA-080027		1199 95
75'	3/4" Poly				71 25
15'	1/2" Copper				74 25
6	1/2" fl nuts				17 70
2'	3/8" copper				7 40
2	3/8" fl nuts				3 90
2	Rego B46R				159 90
1	3/4" Polytee				119 95
3	3/4" Poly transition				89 90

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
Set tank ran lines	MAKE: _____ MODEL: _____	MP	1199.95
and locked up generator and	DATE CODE: _____ VENT: _____	MS	810.45
tankless and logs. Safety check		CF	131.43

SERCIMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				SALES TAX	
SERCIMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				3.08%	18.64.84
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐					2.40 10.51
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐					1.52
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.					
X _____					
CUSTOMER SIGNATURE					
LEAK AND PRESSURE TEST					
HIGH: 1st Stage 2nd Stage LOW					
START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR					1,380 00
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.					30 00
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.					38.49
PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.					CFC Rebate (200.00)
PIPING PRESSURE TEST					
START PSIG FINISH PSIG AMOUNT RECEIVED					3787.62

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 Tatt
SERVICE REP. SIGNATURE

10/2/25
DATE

Cinnai Rebate (200.00)
CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger/LakostaCall Date 10/2/25

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 04-23027
Name Christopher Wilson
Address 1318 Winding Ridge Cir
City, State, Zip Lakosta GA, 31605
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer	/	Hearth	Rinnai	/	/	Generac
Model No.	/	DFS36DMA	RE180e	/	/	G0072910
Serial No.	/	00-A-011373	TEUA-090027	/	/	3017314069
Fuel	/	LP	LP	/	/	LP
BTU Rating	/	38,000	78,000	/	/	330,000
Manual Shut-off (Installed/Existing)	/	installed	installed	/	/	installed
Sediment Trap (Installed/Existing)	/	_____	installed	/	/	exist
Control Mfr./Model No.	/	_____	_____	/	/	_____
Pilot(s)/Pilot Safety System	/	standing	electric	/	/	electric
Ignition System(s): Mfr./Model No.	/	spark	electric	/	/	electric
Thermostats: Mfr./Model No.	/	_____	_____	/	/	_____
Burner(s)/Combustion Chamber	/	open	open	/	/	open
Venting System/Draft Diverter	/	open	open	/	/	open
Combustion Air	/	ambi	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	
250	1546252	Quality	2025	2025	Rear	New	New	New	New	New	New	2025	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"	04B2025	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
	2nd	BI	3/4"	09D2024	Rego	New	B46R	Down	eva	11 IN WC	13 IN WC
THIRD STAGE		BT	3/4"	04D2024	Rego	New	B46R	Down	eva	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE	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. 118600 Date 10/2/25

I, Cole Trueitt (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 Trueitt
(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.

I, Christopher Wilson (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)