



146 S. Ridge Ave.  
Tifton, GA 31794  
(229) 386-5574

306 S  
Sylveste  
(229)

Application Rinnai GPC  
Gas Check  Warranty  Inv e  
New Cust Pkg 5 Yr Letter  
Lease/Rent/Amt e/e/e

INVOICE / WORK ORDER NO.

111225

3117 Veterans Parkway S.  
Moultrie, GA 31788  
(229) 985-6942

NAME Warrior Creek Deer Processing RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 03-22004 DATE 12-19-24 INT D

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 1032 Jr Silber rd APT/LOT NO. \_\_\_\_\_

CITY Norman Park STATE GA ZIP CODE 31771

**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 \_\_\_\_\_

Water Heater

email: bglaszka@gmail.com  
cell # 229-921-0458  
**PAY BILL ONLINE @congerlpgas.com**

DIRECTIONS:

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
1	Rinnai	RL75e	PPCA-069927		999.95

WORK PERFORMED: Changed out water heater low pressure test on system system OK

REGULATION INFORMATION: MAKE: Rego MODEL: TR9 VENT: Horiz

DATE CODE: 13-21

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/> I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	LEAK AND PRESSURE TEST				SALES TAX _____ %	LABOR <u>LB</u> <u>100.00</u>	INVENTORY <u>400.00</u>	INV. TOTAL <u>796.10</u>
	HIGH:	1st Stage	2nd Stage	LOW				
	START LOCK-UP:	<u>10</u> PSI	PSI	START LOCK-UP:	W.C.			
	TANK OFF: PRESSURE	<u>10</u> PSI	PSI	TANK OFF: PRESSURE	W.C.			
	AFTER 10 MINUTES:	<u>10</u> PSI	PSI	AFTER 10 MINUTES:	W.C.			
	PRESSURE AS LEFT:	<u>10</u> PSI	PSI	PRESSURE AS LEFT:	W.C.			
CUSTOMER SIGNATURE _____				PIPING PRESSURE TEST				AMOUNT RECEIVED _____
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.

SERVICE REP. SIGNATURE [Signature] DATE 12/30/2024 CUSTOMER SIGNATURE \_\_\_\_\_