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Vidalia, GA 30474
(912) 537-8722

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

NAME Jayne Spitznogle RT# _____ RT. SEQ. _____ ACCT # 22974 DATE _____ INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 2669 J Frank Culpepper APT/LOT NO. _____

CITY Lake Park STATE GA ZIP CODE 31636

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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

email: _____
cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Swapped Amerigas tank for COT. performed safety check - OK. Amerigas
Customer performed installation.

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
COT	120	2SA022052			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Binagui	PL 75e	PL-CA-045126		999.99

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MS	10.80
	DATE CODE:	VENT:	TANK RENT		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST				SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH:	1st Stage	2nd Stage	LOW	____ %	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>		START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR (min) 2 hrs
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	GPC
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	
X _____ CUSTOMER SIGNATURE		PIPING PRESSURE TEST				INV. TOTAL	887.80
		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.

Matthew
SERVICE REP. SIGNATURE

1-2-24
DATE

X _____
CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger / ValdostaCall Date 1-2-24

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Jayne SpitznagelAddress 2669 J Frank Culpepper RdCity, State, Zip Lake Park, GA 31636

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		GHP group	Rinnai	NXR	LG	
Model No.		VFL2-50-BDT	RL25c	UNKNOWN	WKGXZ01HBA	
Serial No.		1942AS00611	PC-CA-045126	UNKNOWN	207KBLR2R048	
Fuel		LP	LP	LP	LP	
BTU Rating		30,000	180,000	100,000	22,000	
Manual Shut-off (Installed/Existing)		Existing	Existing	Existing	Existing	
Sediment Trap (Installed/Existing)						
Control Mfr./Model No.		0				
Pilot(s)/Pilot Safety System		Standing	electric	electric	electric	
Ignition System(s): Mfr./Model No.		Spark	electric	electric	electric	
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Open	Open	Open	Open	
Venting System/Draft Diverter		Open	Open	Open	Open	
Combustion Air						
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	
120	2SA022052	American	1995	95	Right	good	good	good	good	good	good	95	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	1/2	1/2	05-96	Rego	05-96 good	B29	Horizon	Dome	11 in PSIG	13 in -PSIG
	2nd									IN WC	IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

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

Comments _____

Reference Invoice No. _____ Date _____

I, Matthew Ray (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

Matthew Ray
(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, Shayne Spitznagel (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.

Shayne Spitznagel
(Customer's Signature)