



congerlpgas.com

INVOICE / WORK ORDER NO.

112052

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-6942NAME Douglas Robinson RT# _____ RT. SEQ. _____ ACCT # 4-22954 DATE _____ INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 120 Floyd Memorial Dr APT/LOT NO. _____CITY Hahira STATE GA ZIP CODE _____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 # 229-300-7038

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set 120 gallon tank, Tankless w/H installed. Dumped 100# cylinder into tank.
performed safety check - OK.

(COT)

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>120</u>	<u>606169</u>	<u>12%</u>						
<u>1</u>	<u>Rinnai</u>		<u>RL75e</u>	<u>PB-CA-028529</u>				<u>999</u>	<u>95</u>

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>20</u>	<u>CL 1/2 copper</u>				<u>99.00</u>
<u>2</u>	<u>B46B compact</u>				<u>79.95</u>
<u>1</u>	<u>3/4 sediment tap</u>				<u>31.50</u>
<u>1</u>	<u>1/2 Flange mount</u>				<u>39.95</u>
<u>2</u>	<u>1/2 FL x 1/2 FPT cutoff</u>				<u>39.98</u>
<u>6</u>	<u>1/2 FI nuts</u>				<u>17.70</u>
<u>1</u>	<u>1/2 EL for</u>				<u>6.95</u>
<u>1</u>	<u>3/4 x 1/2 Ball</u>				<u>2.95</u>
<u>3</u>	<u>1/2 x 6" nipples</u>				<u>11.85</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	SALES AMOUNT
	MAKE:	MODEL:	AP	<u>999.95</u>
	DATE CODE:	VENT:	PARTS/MAT. USED	<u>MP 329.83</u>
			TANK RENT	<u>MS 34.79</u>

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 <u>1 min</u> <u>2.5 hours</u> <u>250.00</u>
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.	
		AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.	<u>Rinnai Robt</u> <u>200.00</u>
		AS LEFT: PSI	PSI	AS LEFT: PSI	AS LEFT: PSI	W.C.	
X _____ CUSTOMER SIGNATURE		PIPING PRESSURE TEST				INV. TOTAL	<u>1739.89</u>
		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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger / ValdostaCall Date 12-7-24

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 4-22954Name Douglas RobinsonAddress 120 Floyd MemorialCity, State, Zip Habers, GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	LG		
Model No.			RL75e	LSGL5833F/01		
Serial No.			PB-CA-028529	108MMJ0X569		
Fuel			LP	LP		
BTU Rating			180,000	75,000		
Manual Shut-off (Installed/Existing)			Installed	Existing		
Sediment Trap (Installed/Existing)			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						
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	606169	Trinity	1989	1989	Right	good	N	N	N	N	N	23	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	
SECOND STAGE	1st	Copper	1/2	10A24	Bego	N	TR9-com	Horizontal	Down	8	PSIG	10	PSIG
	2nd	CSST	1/2	02E24	Bego	N	B46B-com	Down	Evap	11	IN WC	13	IN WC
THIRD STAGE		Iron	3/4	02E24	Bego	N	B46B-com	Down	Evap	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	9.0wc	9.0wc	10	yes
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date _____

I, Matthew Ruv (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 ☒ YesMatthew Ruv
(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, Douglas Robinson (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.

Douglas Robinson
(Customer's Signature)