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INVOICE / WORK ORDER NO.

120828

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 Christie Foerster RT# _____ RT. SEQ. _____ ACCT # 02-04140 DATE 3-3-25 INT JS

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 311 Shiner Rd APT/LOT NO. _____

CITY Sylvester STATE GA ZIP CODE 31791

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:

Service water heater

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
	<u>Rinnai</u>	<u>RE180c</u>	<u>SKUA-145348</u>	<u>(WLT)</u>	<u>1199.95</u>
	<u>Rinnai cover kit</u>			<u>(MP)</u>	<u>214.95</u>

WORK PERFORMED	REGULATION INFORMATION	APPLIANCES/ EQUIP. SOLD	CODE
<u>Replaced Rinnai</u>	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>(MS)</u>
	DATE CODE: <u>0810</u> VENT: <u>WC</u>	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 ☐	I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	HIGH:	1st Stage	2nd Stage	LOW	_____%	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐		START LOCK-UP:	<u>9.2</u> PSI	PSI	START LOCK-UP:		<u>13.1</u> W.C.
		TANK OFF:	<u>4.0</u> PSI	PSI	TANK OFF:		<u>9.0</u> W.C.
		AFTER 10 MINUTES:	<u>4.0</u> PSI	PSI	AFTER 10 MINUTES:		<u>9.0</u> W.C.
		PRESSURE AS LEFT:	<u>9.0</u> PSI	PSI	PRESSURE AS LEFT:		<u>11.0</u> W.C.
X. _____		PIPING PRESSURE TEST				INV. TOTAL	
CUSTOMER SIGNATURE		START	<u>4.0</u> PSIG	FINISH	<u>4.0</u> 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

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY