



congerlpgas.com

INVOICE / WORK ORDER NO.

113259

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

NAME Classic Homes by Weaver RT# _____ RT. SEQ. _____ ACCT # _____ DATE 1-9-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 3940 Lu Lane 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 # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

Tank set, line run hook up.

10 Gallons

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>1328363</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>15'</u>	<u>3/8 Copper</u>				<u>33.60</u>
<u>2</u>	<u>3/8 flare nuts</u>				<u>2.16</u>
<u>1</u>	<u>permit</u>				<u>77.62</u>
<u>1</u>	<u>Rinnai</u>	<u>RL754</u>	<u>PD.LA-062413</u>		<u>899.95</u>
<u>1</u>	<u>B46R</u>				<u>58.11</u>
<u>1</u>	<u>Dripkg</u>				<u>21.83</u>
<u>1</u>	<u>3/8 cutoff</u>				<u>13.11</u>
<u>1</u>	<u>3/8" x 1/2" mIP</u>				<u>1.99</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	
	DATE CODE:	VENT:	TANK RENT	
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				<u>CF</u>
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:
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
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:
X	PIPING PRESSURE TEST			INV. TOTAL
CUSTOMER SIGNATURE	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

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



Residential Gas Appliance System Check

Company/Location Conger / Valdosta
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Austin Weaver
Address 3940 Lulan e
City, State, Zip Hahira Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RL75e			
Serial No.			PD-CA-062413			
Fuel			LP			
BTU Rating			180,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			Open			
Venting System/Draft Diverter			open			
Combustion Air			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		
120	1528563	Quality	7029	2025	Size	✓	✓	✓	✓	✓	✓	24	✓	✓	✓

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	Copper	3/8	10B24	Rego	✓	TRA	Hor	1/2	10 PSIG	10 PSIG
	2nd	Black	3/4	04C24	Rego	✓	B46R	Vert	EXE	11 IN WC	13 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)		
SECOND STAGE	1st			
	2nd	9	9	10min OK
THIRD STAGE				

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, _____ (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.

Comments _____

Reference Invoice No. _____ Date _____

I, Seth Weeks (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

Seth Weeks
(Service Technician's Signature)

(Customer's Signature)

Required Safety inspections

This page must be completed and included with the rebate application. Failure to include this page will automatically disqualify the customer for the safety rebate.

Test	Beginning Pressure	Ending Pressure	Test Duration
Pressure test (when required by code or local authority)	10 psi	10 psi	24 hrs
Leak test	9" wc	9" wc	10 min
Flow test			
Lock-up pressure			

Technician's Certification: I, Donald Alford, certify that the above tests were performed and the results were recorded correctly.

Date of Inspection: _____

Propane Dealer's Signature: _____

This paperwork must be submitted to the GA Propane Commission within 30 days of appliance inspection date to receive rebate.

Disclaimer:

The propane dealer seeking a rebate must submit a full and complete Application form. Submission of the Application form constitutes a representation on the part of the participating propane dealer that the work shown on the form has actually been completed. A safety inspection must be performed by the participating propane dealer after the installation of each new qualifying appliance(s) and the result of that inspection must be documented on the Application form. The safety inspection for qualifying appliance installations must, at a minimum, include the following: 1) a leak test; 2) a pressure test if required by applicable laws, rules and regulations; and 3) a flow and lock up test on the regulator[s]. The propane dealer agrees to comply with all laws, rules and regulations governing the installation of the qualifying appliance and with the manufacturer's installation instructions. The Southeast Propane Alliance and GA Propane Commission assumes no responsibility whatsoever for the installation, inspection, or testing of the qualifying appliance(s) or any associated gas system and, by issuing a rebate, makes no representation, warranty or guarantee regarding the qualifying appliance(s) or the associated gas system. The Southeast Propane Alliance and GA Propane Commission disclaims any liability for any personal injury, property damage, business losses or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly arising from the installation of the qualifying appliance(s).

Please submit your 2-page rebate form and receipt(s) to:

Mail: GA Propane Commission
5109 Hollyridge Dr.
Raleigh, NC 27612

Fax: 919 781-7481

Email: info@gapropanerebates.com

As of: 03/01/2023