



congerlpgas.com

INVOICE / WORK ORDER NO.

116141

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 Hendrix Construction RT# _____ RT. SEQ. _____ ACCT # 4-20029 DATE 4-1-25 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 10055 Springhill APT/LOT NO. _____

CITY Thomasville STATE GA ZIP CODE _____

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

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS:

Complete tie and tank set

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>Set</u>	<u>120</u>	<u>1528562</u>	<u>10</u>	<u>Gallons</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>15'</u>	<u>1 1/2" Copper</u>				<u>74 25</u>
<u>2</u>	<u>1/2" fl nuts</u>				<u>5 90</u>
<u>1</u>	<u>1/2" fl x 1/2" mpt cutoff</u>				<u>24 95</u>
<u>1</u>	<u>Rego Y46R</u>				<u>99 95</u>
<u>5</u>	<u>3/4" x close nipple</u>				<u>4 75</u>
<u>1</u>	<u>3/4" tee</u>				<u>4 95</u>
<u>1</u>	<u>Bell reducer</u>				<u>2 95</u>
<u>1</u>	<u>3/4" sediment trap</u>				<u>31 00</u>
<u>1</u>	<u>water htr flexhose</u>				<u>19 95</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

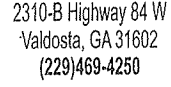
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST			SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.E.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH:	1st Stage	2nd Stage	LOW	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.E.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>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

CL Tit

4/1/25

x



116149

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



Residential Gas Appliance System Check

Company/Location Conger /va/desta
Call Date 04-1-25
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Lee Headalix
Address 10255 Springhill
City, State, Zip Thomasville, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Superior	Rinnai	GE		
Model No.		VD1824PR	BE1806	Z6036E9L3SS		
Serial No.		A241035855	SM1A-18834	RV099092Q		
Fuel		LP	LP	LP		
BTU Rating		36,000	180,000	60,000		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		Standing	electric	electric		
Ignition System(s): Mfr./Model No.		spark	electric	electric		
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		vent-free	exterior	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	1529562	Quality	2024	2024	Left	N	N	N	N	N	N	24	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	PSIG	IN WC	PSIG	
SECOND STAGE	1st	Copper	1/2	05 D24	Rego	N	TR9	Horizon	Dome	8	PSIG	10	PSIG
	2nd	CSS4	1/2	04 E24	Rego	N	446R	Down	Euc	1.5	PSIG IN WC	2.0	PSIG IN WC
THIRD STAGE		CSS4	1/2	_____	Maxitol	N	1/2	Horizon	Afflic	11	IN WC	12	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/INTEGRAL/SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	9.0wc	9.0wc	10	yes
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

I, Matthew Roy (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

(Service Technician's Signature)

- 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.

(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