

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. SE	Q	ACCT#	4.20	7029	DA	ATE 4-	1-25	INT
								<i>N</i>			INFORMAT	
MAILING AL	DDRESS					.coc	OHY				DELV	
	1000	55 Springhil	\								RENTCREDIT	
ADDRESS.	100.	22 -41109/11	1	APT/I	LOT NO	•		- 1000000000000000000000000000000000000			PC	-t5926-2096555286.2%
~	11	STATE _	6	. A	ODE			F 45 Y 2 1, 179 St 150 c 5	CA 2 Y CA 2 Y CA 2 Y S	10 mg 1 mg 2		
p								_ DR		_USE	LEASE	
SERVICE	E REQU EST	ED: □ CASH □ C	HAR	GE DATE PROMI	SED_			email:				
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						,		PAY	BILLE (O)	AITIME (C	ស្រាស់	jas.com
DIRECT	TONS:	Comolos	6.4	ie and to	2h	cot						
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: TANK ¡FICKUP/Si:	TANK SIZE	SERIAL#	TANK %	TANK DESTINATION							DMIGHASSE	
Sex	120	1528562	10	Gallons	MANU	JFACTURED E	DATE LAS	TEST DATE	SIZE	E S	ERIAL #	M FULL
- And												
						,						
QTY	QTY APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED MODEL # SERIAL NUMBER UNIT PRICE SALES AMOUNT										MOUNT	
157	145 6	opper									~y 6A	25
10		FI NUTS							<u> </u>			90
1	1 1/2" +1 x 1/7" mpt cutofit								 :			95
	1 Rego Y46R										49	195
<del> </del>	5 3/4" X Close ripple								 		To the	175
1	31411	tee							;		14	195
)	1 Bell reducer								!	1	2	igs
	3/4"	sediment to	CA D						j		31	00
1	water		e					-			14	195
WORK PERFOME	:D:			REGULA	TION IN	IFORMATION	ł	APPLIA EQUIP.		CODE		! ! {
Parameter (Managerape), July 1 may				MAKE:		MODEL:		PARTS USED	/MAT.			]   
				DATE CODE:		VENT:		TANK F	RENT			1
SERVICI	EMAN MUST	COMPLETE BELOW S	ECTIO				SERVICE		E		14	1 45
DERVICENA	BERVICERAL TO COMPLETE IN PRESENCE OF CUSTOMER: LEAK AND PRESSURE TEST									1		
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE SALES IAX								1 3 1				
WITH	N.F.P.A. PAMPH	LET NUMBER 58	HIGH	·	nd Stage	START	OW				201	
	2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH ME PLA PAMPHLET NUMBER 54		LOCK-	START LOCK-UP: PSI		PSI LOCK-UP: W.0 TANK OFF:		A.C. LABOR	men	3.54	<u> (30</u>	; 00
PRESSURE PSI PSI PRI							V	/.C.				!
BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.					PSI	AFTER 10 MINUTES:	٧	/.C.			g, algoris northe adaption of Andrew Phat and the Control of Theory	1
11/1/25	SURE FT: PSI	PSI	PRESSURE PSI AS LEFT: W.C				100		1			
X	CHICEOMOR	D CIGNATURE	a delle promine distribution			SURE TEST		INV. TC	TAL	,	· · · · · · · · · · · · · · · · · · ·	
	COSTOWER	R SIGNATURE		START	PSIG	FINISH	PSI	G AMOUN	T RECEIV	/ED		
THE LIST	- AND CARE OF	THE APPLIANCES AND EC	HIPMEI		and the second section of the contract		·				en agains a paragraph agus anns ann an dean ann an an ann an an ann an ann an ann an a	

RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.



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360 S. Main St. Sylvester, GA 31791 (229) 776-7336

(912) 537-8722

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 Moultrie, GA 31768
 Valdosta, GA 31602

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## **CONTINUATION SHEET**

VAME			F	RT#	_ RT. SEQ	A	CCT#				_ DATE_			N1
TANK PICKUP/SET	TARK SIZE	SERIAL #	TANK %	TANK DE	STINATION	DOT PERMANENTLY INST			TALLED					
						MANUFAC.	TURED	DATE	LAST TES	ST DATE	SIZE	SERIA	L#	% FULL
	! !													
	· ·													
						<u> </u>			1		<u> </u>			
QTY APPLIANCES / EQUIP. SOLD PARTS / MATERIAL USED							EL#	SER	IAL NUM	BER	UNIT P	RICE	SALES AN	TNUO
i	3/416	maxitrol			·····		,						Sq	95
	3/4"	elbow											3	45
	3/60	Cutoff	ī										24	95
1	1/911	X 480 app	( ·. , , ,	Ca acto	^			-					3439	95
1	Rinnay	X (V CC)	TONCE	COUNCIL	· (	- PEIX	\.p	SM.	1A-18631	63		·····	1099	95
	1/11/1/10/1					1 // (3)	J	31						
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or the control of the							,						•	
REGULAT	ORINFORM	MATION MAKE:		IV	ODEL:			DATE	CODE:			VENT:		
LEAKAND	234 I i	START POLY	TANK OFF	DO:	AFTER	. DO:		SURE	nc:		PIPIN	G PRE	SSURE TEST	
PRESSURE		<b>STOCK</b>	PRESSURE: TANK OFF	PSI	10 MINUTES	: 151	AS LE		PSI		, , , ,			
18.51		LOCK UP: W.C.	PRESSURE:	W.C.	10 MINUTES	: W.C.	AS LE		W.C.	START		PSIG	FINISH	PSIG





ONGER GAS	A CONTRACTOR OF THE PARTY OF TH	1) LIECK ding you and your propane system	. Com	pany/i	Locatio	7-1-25	/valde.	s.ta		
						Requested				
Account Number			Cali-	Taker':	s Name					
Name 100 18001 X Address 10055 Spri	and it		 Instr	uction	ıs					
City, State, Zip ThomASV										
Telephone: Office	v									
relephone. Office	Home	CAS 1095								
PERFORMANCE CHECK: ITEM	Central Heating 1	Room-Heating 2	Water Heat	er 3		Range 4	Clothes Dr	yer 5		6
Manufacturet	7	Superior	Rinnai		1	TE .		1		
Model No.	/	VD1824128	BE1806,		Z6	136ES13S		7		
Seriai No.	. 7	A241035855	SM. UA-18	6.39		)99092Q				
Fuel		LP	LP		LP					
GTU Rating		36,000	180,000		60	000				
Manual Shut-off (Installed/Existing)		Tasialid	Installed		Ins	talled				/
Sediment Trap (Installed/Existing)		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	-Installed		The second of th					
Control Mfr./Model No.		CFCCcirish seacasticas shake on the Complete considerate all relations	T AND REAL PROPERTY OF THE PRO	RECORDED & YOUR	,	y kanagalang panggapang anggapan Kalipan Tagangan				
Pilot(s)/Pilot Safety System		Standing	electric		6/60	Jaz				
Ignition System(s): Mfr./Model No.		Spark	Plectric			Chic				
Thermostats: Mfr./Model No.		A CONTRACTOR OF THE PROPERTY O	ACCOUNT AND ACCOUNTS AND ACCOUN	Daniel State State	Sin amazanishinin	e par Crista Commission de	+ /			
Burner(s)/Combustion Chamber	/	OPLO			OPEA					
Venting System/Draft Diverter		MENTERE	exterior		000	<u>^</u>				
Compustion Air		The state of the s	· Millians are superior and an account of the same of			مدن فيها عديد والمار ويدونها المها الموادية والمار والمارة الموادية والمارة وا	V /			
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TANK/CYLENDER (Additional Ser	ial Numbers)		1		<u> </u>					
		LAST LOCA	STICN	C	ONDITI			LIEF VALVE	FIT	TINGS
SIZE SERIAL NUMBER	1 (3.5. (2.1	TEST DATE LOCA	ATION TANK	PAIN		AIL FITTINGS		DATE CA		K TEST
120 1529562 Qi	Alify 2020	F 2024 LP4	7 1	N	$\perp \wedge$	<u> </u>	NIN	S4 A8	<u> </u>	<u> </u>
A 14 17 A										
PERING/REGULATOR OPERATION	<del></del>	n barn	DEC: II ATON			DEC VENT	HOW	E1 (5) 41	1 10	CVIID
PIPING   MATERIAL	REGULATO SIZE DATE (C		REGULATOR CONDITION	MC	DDEL	REG. VENT POSITION	PROTECTED	PRESSUR	E PRE	CK-UP SSURE
SINGLE STAGE	<u> </u>							IN	NC	IN W
151 College	6. 05 D.	24 Bego	N	TR	9	Honzon	Dome	8 P	sig 1()	PS
Sister 177			1				Eur	1.5 PSL	1.0	12%
1 1 1334 177	<del>2</del>	24 Beg0	<del>                                      </del>	<u>446</u>	1)	DOWA	<del> </del>	<u> </u>	1222	- TEM
THIRD ICSSY- 7	2	Mixition	IN I	1/2		Horizon	Affic	) ( IN	NC R	IN V
SYSTEM LEAK TEST	MAR I MATTER THE MENTAL PROPERTY.	THE REST CANADA	CVCTER 2 OV	(	Commen	is				
SINGLE STAGE/ (INCHES WC)	RE END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK	-						
SECOND STATE	(11001120 110)									
SECURSD 1st 9.0 WC	9.00	110	762							
STAGE 2nd	11700		1 2 3 4	$\dashv$						
				-					······································	
THIND STAGE	ac) items and equipment	wichle and accessible to	ha comira	_] [	Reference	e Invoice No		Date		
This inspection covers (propane/LP-gatechnician and represents the condition	ons existing on the date o	of inspection. It does not o	cover latent or	I	, <u>M</u>		lay	(please prin		
monufacturing defects, the internal w construed to cover future or unforese	orking of sealed equipmeen happenings.	ent, or structural compon	ents, and cannot be	9 (	ertify th	at I have complete	ed the System Che			
	(Please r	print name)				d Odor Test		IJ√es		
<ul> <li>Knew how to turn off the gas in case</li> <li>Have smelled probane and can deter</li> </ul>	of emergency.	•				d Leak/Pressure T fety Decal	est	□⁄ Yes □ Yes		
* Have received the consumer safety i				umer Safety Infor	mation and Mate					
<ul> <li>Hed gas system deficiencies and/or output</li> <li>Am satisfied with the service work p</li> </ul>	erformed.	explained to me.			1200	MARTIN	and the second s	State Control of the State of t	g v g mindris në të tënin të	and sideside states and anticipations.
		(Customer's Sign	ature)	-		(Ser	vice Technician's	Signature)		

Residential Gas Appliance System Check

## 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 W.	9 We	lomin		
Flow test					
Lock-up pressure					

rechnician's Certification: 17 <u>Donald Alford</u> were recorded correctly.	, certify that the above tests were performed and the results
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