

NAME Walden Contracting RT# _____ RT. SEQ. _____ ACCT # 03-21086 DATE 8-24-26 INT 15

MAILING ADDRESS 2380 Summer rd CO. _____ CITY _____ NEW CUSTOMER INFORMATION

ADDRESS 1984 Son Norman APT/LOT NO. _____ S.S. NO. _____ DELV _____

CITY maulree STATE GA ZIP CODE 31788 HOME PH _____ RENT _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ WORK PH _____ CREDIT _____

Ready to finish LITE PILOT _____ PC _____

DIRECTIONS: Set tank, w/h, logs & stove EMPLOYER _____

RE180 DR. _____ USE _____ LEASE _____

email: Kendra.Walden@gmail.com cell # 229-798-5019

PAY BILL ONLINE @congerlpgas.com

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
1	36" Fire Box				599.95
1	G19A Burner + FTo24 logs		1864090		1580.96
1	Rinnai Water Heater	RE180e	TL.UA.163717		1299.95
30	1/2 Poly, 2 Coppersert				217.90
10	1/2 Copper & 2 Flare Nuts				86.80
1	Bttr Regulator & Sediment Trap				149.90
2	Cutoff Valves, 4 MIP				71.70
2	Flex Connectors				69.90
1	Trencher Rental				100.00

WORK PERFORMED: <u>Set tank, Trenched line to house - installed w/h, stove & logs - No leaks</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	WA	1299.95
	DATE CODE:	VENT:	TANK RENT	AP	2180.97
				MP	596.20
				CF	18.95

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 ☐	HIGH:	1st Stage	2nd Stage	LOW	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C. LABOR
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
	AFTER 10 MINUTES: PRESSURE AS LEFT:	PSI	PSI	AFTER 10 MINUTES: PRESSURE AS LEFT:	W.C.
	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.

SERVICE REP. SIGNATURE [Signature] DATE 8.27.2026 X CUSTOMER SIGNATURE _____



Residential Gas Appliance System Check

Company/Location Conqu Hou/Hrie

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03-21086Name Walden ContractingAddress 1986 Son NormanCity, State, Zip Moultrie, GA

Telephone: Office _____

Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Peterson	Rinnai	Z Line		
Model No.		619A2430-DNP	RE180e	RT36-A2		
Serial No.		1864090	TLUA-163717	RT36SE25081162-00		
Fuel		LP	LP	LP		
BTU Rating		37K	180K	71K		
Manual Shut-off (Installed/Existing)		Exists	Exists	Exists		
Sediment Trap (Installed/Existing)		—	Exists	—		
Control Mfr./Model No.		OK	OK	OK		
Pilot(s)/Pilot Safety System		OK	OK	OK		
Ignition System(s): Mfr./Model No.		OK	OK	OK		
Thermostats: Mfr./Model No.		OK	OK	OK		
Burner(s)/Combustion Chamber		OK	OK	OK		
Venting System/Draft Diverter		OK	OK	OK		
Combustion Air		OK	OK	OK		
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	1A108725	American Welding	1990	—	AG	OK	OK	OK	OK	OK	OK		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	IN WC	
SECOND STAGE	1st	Copper→ Poly	1/2	04E2026	Rego	OK	TR9	Down	Dome	9.8 PSIG	10 PSIG
	2nd	Trac	1/2	10B2025	Rego	OK	B46R	Down	—	11.1 IN WC	13 IN WC
THIRD STAGE										IN WC	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	6	6	10m	OK
	2nd	8	8	10m	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.

(Customer's Signature)

Comments New customer gas check
No leaks in system

Reference Invoice No. 130057 Date _____

I, Taylor Newsome (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)