



INVOICE / WORK ORDER NO.

137379

NAME Joseph Evers RT# _____ RT. SEQ. _____ ACCT # 4.23708 DATE 8/26/26 INT TJ

MAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV _____
ADDRESS 7315 Ousley Rd APT/LOT NO. _____ HOME PH _____ RENT _____
CITY Valdosta STATE Ga ZIP CODE 31601 WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____
Total for Both w/o \$3587.35
DIRECTIONS: 137379/137360
email: josephevers@bellsouth.net
cell # 229-244-4372
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	RX1160 Rinnai	TG.BA-165919			1499.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD CODE	1499.99
	MAKE:	MODEL:	
	DATE CODE:	VENT:	
TANK RENT			
SVC MAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE			
SVC MAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX	120.00
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐		LABOR	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐			
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			
HIGH: 1st Stage 2nd Stage LOW			
START LOCK-UP: PSI PSI		W.C.	
TANK OFF: PRESSURE PSI PSI		W.C.	
AFTER 10 MINUTES: PSI PSI		W.C.	
PRESSURE AS LEFT: PSI PSI		W.C.	
PIPING PRESSURE TEST		INV. TOTAL	1619.95
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

11/2025



Residential Gas Appliance System Check

Account Number 04-23708
Name Joseph Evers
Address 2315 Quisley Rd
City, State, Zip Valdosta, GA
Telephone: Office _____ Home _____

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

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer		Buck Stove	Kinnia			Generac
Model No.		WV	RX1601			60072910
Serial No.		WV	TB0145919			3015584870
Fuel		LP	LP			LP
BTU Rating		40,000	110,000			26KV
Manual Shut-off (Installed/Existing)		exist	install			exist
Sediment Trap (Installed/Existing)			install			exist
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		OK				
Ignition System(s): Mfr./Model No.						
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber						
Venting System/Draft Diverter		OK				
Combustion Air		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	2660164	Worthington	2025		G	C	C	G	C	G	C	25	4	4
120	2660117	Worthington	2025		G	C	C	C	G	C	C	25	4	4

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	Tubing	1/2	Oct. 25	Fisher	new	R622H-307	DN	DC	10 PSIG	11 PSIG
	2nd	pipe	3/4	Apr. 24	Fisher	new	R652CF	DN	DC	11 IN WC	12 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st	5.5	5.5	10min	OK
	2nd				
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, Joseph Evers (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.

Joseph Evers (Customer's Signature)

Comments _____

Reference Invoice No. _____ Date 8/21/26

I, James Prince (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

James Prince (Service Technician's Signature)