



congerlpgas.com

INVOICE / WORK ORDER NO.

119984

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574306 S. Main St.
Sylvester, GA 31791
(229) 776-7336604-B N. Broadfoot Blvd.
Vidalia, GA 30474
(912) 537-87223117 Veterans Parkway S.
Moultrie, GA 31788
(229) 985-69422310-B Highway 84 W
Valdosta, GA 31602
(229) 469-4250NAME Firm Foundation RT# _____ RT. SEQ. _____ ACCT # 19908 DATE 8/24/16 INT Rem

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS JOB: 3809 Kinderlou Forest Rd APT/LOT NO. _____CITY Valdosta 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 _____Ready for tank set, tie in everything

DIRECTIONS:

* 10 gallons in tank *

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>T/S</u>	<u>120</u>	<u>1560885</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

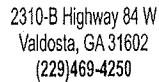
QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>10'</u>	<u>1 1/2" Galv Pipe</u>				<u>50 00</u>
<u>2</u>	<u>1 1/2" Elb</u>				<u>7 90</u>
<u>2</u>	<u>1 1/2" x 1 1/2" mif</u>				<u>9 90</u>
<u>4</u>	<u>1 1/2" fl nuts</u>				<u>11 80</u>
<u>10'</u>	<u>1 1/2" copper</u>				<u>79 50</u>
<u>1</u>	<u>1 1/2" fl cut off</u>				<u>24 95</u>
<u>1</u>	<u>Rego B46R</u>				<u>97 95</u>
<u>3</u>	<u>3/4" x close nipple</u>				<u>5 85</u>
<u>1</u>	<u>3/4" BT tie</u>				<u>3 95</u>

WORK PERFORMED: <u>T/S and hook up</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD <u>CDH</u>	CODE <u>1599 95</u>
<u>appliances.</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED <u>MP</u>	<u>414 50</u>
	DATE CODE: _____ VENT: _____	TANK RENT <u>MS</u>	<u>62 67</u>
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		<u>CF</u>	<u>18 95</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX <u>128</u>	<u>33 16</u>
LEAK AND PRESSURE TEST			<u>5 01</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐			<u>1 52</u>
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.			
X _____ CUSTOMER SIGNATURE		LABOR <u>2 men 3.5 hrs</u>	<u>630 00</u>
		<u>Rinnai Rebate</u>	<u>(100.00)</u>
		<u>GPC Rebate</u>	<u>(200.00)</u>
		INV. TOTAL	<u>2893.76</u>
		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 Tuth
SERVICE REP. SIGNATURE8/24/16
DATE_____
CUSTOMER SIGNATURE

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



119984

NAME Firm Foundation RT # _____ RT SEQ. _____ ACCT # _____ DATE _____ INT _____

ADDITIONAL COMMENTS

REGULATOR INFORMATION			MAKE:			MODEL:			DATE CODE:			VENT:		
LEAK AND PRESSURE TEST		START LOCK UP:	PSI	TANK OFF PRESSURE:	PSI	AFTER 10 MINUTES:	PSI	PRESSURE AS LEFT:	PSI	PIPING PRESSURE TEST				
		STOCK LOCK UP:	W.C.	TANK OFF PRESSURE:	W.C.	AFTER 10 MINUTES:	W.C.	PRESSURE AS LEFT:	W.C.	START	PSIG	FINISH	PSIG	

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



Residential Gas Appliance System Check

Company/Location Conger/Valdosta
Call Date 8/24/26
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Deride Shaw
Address 3809 Kinderlow Forest
City, State, Zip Valdosta, 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			
Model No.		VD1824PR	RE199E			
Serial No.		10009506	WE4A-056987			
Fuel		LP	LP			
BTU Rating		36,000	199,000			
Manual Shut-off (Installed/Existing)		Installed	Installed			
Sediment Trap (Installed/Existing)		/	Installed			
Control Mfr./Model No.		/	/			
Pilot(s)/Pilot Safety System		standing	electric			
Ignition System(s): Mfr./Model No.		spark	electric			
Thermostats: Mfr./Model No.		/	/			
Burner(s)/Combustion Chamber		open	open			
Venting System/Draft Diverter		open	open			
Combustion Air		ambi	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	1560885	quality	2025	7026	RIGHT	new	new	new	new	new	new	2025	new	OKAY

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/Bi	1/2	05E2026	REGO	New	TR9	DOWN	dome	9.5 PSIG	10 PSIG
	2nd	CSS	1/2	08B2025	REGO	New	B40R	DOWN	eve	11 IN WC	13 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				
	2nd	9.0	9.0	10 mins	OK
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 08/24/26

I, Johnathon Hall (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

- 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)

Johnathon Hall
(Service Technician's Signature)