



congerlpgas.com

INVOICE / WORK ORDER NO.

119940

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 Premiere Southern RT# _____ RT. SEQ. _____ ACCT # _____ DATE 7-27-26 INT MRMAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 5044 Hatfield APT/LOT NO. _____
CITY Hahira STATE GA ZIP CODE _____
NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____
email: _____
cell # _____
PAY BILL ONLINE @congerlpgas.com
DIRECTIONS: Install Cook top, set 120 tank. Finish tying in system. Call in gas final inspection.

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	120	4-236386	5	on site	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

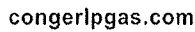
QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	RE180e		WFUA-064163		1199.95
20'	1/2" copper				15.90
2	1/2" fl nuts				5.90
1	1/2" cutoff				24.95
1	Rego B46R				97.95
1	3/4" BT tee				4.95
1	Bell reducer				2.95
3	3/4" x close nipple				5.85
1	TWH flex hose				24.95

WORK PERFORMED: <u>T/S are hooked up all appliances</u>	REGULATION INFORMATION MAKE: _____ MODEL: _____ DATE CODE: _____ VENT: _____	APPLIANCES/EQUIP. SOLD <u>MP</u> PARTS/MAT. USED <u>MS</u> TANK RENT <u>WH</u>	CODE <u>MP</u> <u>MS</u> <u>WH</u>	444.35 51.86 1199.95
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER: 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐ 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		LEAK AND PRESSURE TEST HIGH: 1st Stage 2nd Stage LOW START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR <u>3hr</u> 1.5hr 270.00 TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C. <u>1 min to 1.5hr</u> 150.00 AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C. <u>Rinnai Rebate (100.00)</u> PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C. <u>GPC Rebate (200.00)</u> PIPING PRESSURE TEST START PSIG FINISH PSIG INV. TOTAL <u>2976.38</u> AMOUNT RECEIVED <u>2272.33</u>		

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.

Zach / Mark 7-29-26 x _____
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE

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



2310-B Highway 84 W
Valdosta, GA 31602
(229)469-4250

119940

5044 Hatfield

NAME Premiere Southern RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

[illegible]

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 Thad Mitchell
Address 5644 Hatfield Cir
City, State, Zip Hawley, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnert	frigidaire		
Model No.			RE180E	GCCG3048A5		
Serial No.			WF.VA-064163	1F60790393		
Fuel			LP	LP		
BTU Rating			180,000	32,000		
Manual Shut-off (Installed/Existing)			Installed	Installed		
Sediment Trap (Installed/Existing)			Installed	/		
Control Mfr./Model No.			/	/		
Pilot(s)/Pilot Safety System			electric	electric		
Ignition System(s): Mfr./Model No.			electric	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	U-236380	crysta	2025	2026	Right	new	new	new	new	new	new	2024	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								
SECOND STAGE	1st	Copper	1/2	04B2025	Rego	New	TR9	Down	Dome	9.5 PSIG	10 PSIG
	2nd	Bilcoast	3/8 1/2	08B2025	Rego	New	B46R	Down	eve	11 IN WC	13 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE		END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)			
SECOND STAGE	1st				
	2nd	9.0wc	9.0wc	10mins	OK
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 8/24/26

I, Cole Truett (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)

Chad
(Service Technician's Signature)