

Obey Satter Job

NAME Jeff Faircloth RT# _____ RT. SEQ. _____ ACCT # 03-22143 DATE 9-2-26 INT _____

MAILING ADDRESS 1748 Hoppersell Church rd CO. _____ CITY _____

ADDRESS 827 Bonnie Tux Rd APT/LOT NO. _____

CITY Monkton STATE GA ZIP CODE 31768

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 _____

Purchase/Install RE180
Trench line from house to tank

email: JeffFaircloth@yahoo.com
cell # 229-891-7616
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: _____

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	<u>Rinnai RE180</u>		<u>TLUA-163720</u>		<u>1299 95</u>

WORK PERFORMED: <u>Sold w/H & hung on wall</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	
	DATE CODE:	VENT:	TANK RENT	

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
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF:	PSI	PSI	TANK OFF:	W.C.	
	PRESSURE	PSI	PSI	PRESSURE	W.C.	
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	
X	PIPING PRESSURE TEST				INV. TOTAL	
CUSTOMER SIGNATURE _____				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