



INVOICE / WORK ORDER NO.

137387

NAME Monty Berrell Const. RT# _____ RT. SEQ. _____ ACCT # 425235 DATE 9/1/20 INTJMAILING ADDRESS "Prince Job" CO. _____ CITY _____Job: ADDRESS 2750 Old Clyathville 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: jodiebrooks58@gmail.comcell # 229-300-3707

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____Ready to hang RXP199INDIRECTIONS: 1 week of the 7th after Labor Day
Hung TWT on exterior and installed vent cap

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	Rinnai	RXP199IN TL	GA-267403		2499.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	2499.95
	MAKE:	MODEL:	PARTS/MAT. USED	MS	9.00
	DATE CODE:	VENT:	TANK RENT		
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF 18 95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			SALES TAX		200.00
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	LEAK AND PRESSURE TEST				72
	HIGH:	1st Stage	2nd Stage	LOW	1.52
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:	PSI	PSI	TANK OFF:	W.C. Rinnai Rebate
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C. GPC Rebate
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.
X	PIPING PRESSURE TEST			INV. TOTAL	2880.14
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
SERVICE REP. SIGNATUREDATE
09/09/20

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 04-25235
Name Owen Prince
Address 2750 Old Chattahoochee Road
City, State, Zip Valdosta, GA
Telephone: Office _____ Home _____

Company/Location _____
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	6
Manufacturer			Rinnai			
Model No.			RXP199			
Serial No.			TLBA-267403			
Fuel			LP			
BTU Rating			199,000			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			Electric			
Ignition System(s): Mfr./Model No.			Electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			Open			
Venting System/Draft Diverter			Vented			
Combustion Air						
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	
1500	1548119	Quality	2025	2026	Back	N	N	N	N	N	N	25	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									
	1/2 COPPER	1/2									8LV2026
SECOND STAGE	1st	Copper	1/2	9L2026	REGO	New	B46R	Down	Low	11 PSIG	12 PSIG
	2nd									IN WC	IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
	8	8	10 mins	OK
SECOND STAGE	1st			
	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, _____ (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.

Comments _____

Reference Invoice No. 137387 Date 9/9/26

I, Matt Ray (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

Matt Ray
(Customer's Signature) (Technician's Signature)