



NAME DALTON Murphy RT# _____ RT. SEQ. _____ ACCT # 03-21018 DATE 8-24-26 INT 2

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1431 Roberts Rd APT/LOT NO. _____

CITY monterey STATE CA ZIP CODE 93988

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH 921-4932 CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: murphy 4932@congerlpg.com

cell # 921-9932

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Set fault and hang TWH connect stove.
Phone # - 921-4932

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
SET	120	2A0004536	10	AG	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai Water Heater	RE199e	WE.UA-056995		1599 95
25'	1/2 Copper				198 75
1	Sediment trap				50 00
1	5/8 Flex				19 95
2	1/2 Flare nuts				5 90
4	Mips 1/2 x 1/2 / 5/8 x 5/8				13 80
1	1/2 Flex 48" x 24"				82 90
1	1/2 x 1/2 union				3 95
1	Regulator Rego	LV4403040R			97 95

WORK PERFORMED: Ran 1/2 Copper to tank to WH, Hooked up stove converted stove	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
MAKE: REGO	MODEL: LV4403040R	PARTS/MAT. USED	WH 1599 95
DATE CODE: 0602026	VENT: DOWN	TANK RENT	MP 473 20
			MS 49 39
			CF 18 95

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	4 %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐		START LOCK-UP: 10 PSI	PSI	START LOCK-UP: W.C.	LABOR LB 350 00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE 6 PSI	PSI	TANK OFF: PRESSURE W.C.	GPC < 200 00 >
		AFTER 10 MINUTES: 6 PSI	PSI	AFTER 10 MINUTES: W.C.	
		PRESSURE AS LEFT: 10 PSI	PSI	PRESSURE AS LEFT: W.C.	TR 10 00
X _____		PIPING PRESSURE TEST		INV. TOTAL	2495.14
CUSTOMER SIGNATURE		START	PSIG	FINISH	PSIG
				AMOUNT RECEIVED	\$ 2495.14

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

X

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location _____

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 3-21018
Name Darton Murphy
Address _____
City, State, Zip _____
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	Whirlpool		
Model No.			REV-VE2737WD-US	WFGS4530S20		
Serial No.			WE-UA-056995	RF3121645		
Fuel			LP	LP		
BTU Rating			199K	69K		
Manual Shut-off (Installed/Existing)			Installed	/		
Sediment Trap (Installed/Existing)			Installed	/		
Control Mfr./Model No.			/	/		
Pilot(s)/Pilot Safety System			OK	OK		
Ignition System(s): Mfr./Model No.			OK	OK		
Thermostats: Mfr./Model No.			OK	OK		
Burner(s)/Combustion Chamber			OK	OK		
Venting System/Draft Diverter			OK	OK		
Combustion Air			OK	OK		
Red Tag (removed from service)/Recall			AMB	AMB		

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	2A0004536	American welding	1991	/	AG	OK	OK	OK	OK	OK	OK	OK	OK	GOOD

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	Copper	1/2	06D2026	REGO	GOOD	LV4403789	DOWN	Dome	PSIG	PSIG
	2nd	Copper	1/2	07C2025	REGO	GOOD	LV4403846P	DOWN	WH	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	6	6	10	OK
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. 137803 Date 8/17/20

I, Brandon Cochran (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

(Service Technician's Signature)

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.

(Customer's Signature)