

Remodel Job



congerlpgas.com

INVOICE / WORK ORDER NO.

137218

Contractor:

NAME Jmc Construction RT# _____ RT. SEQ. _____ ACCT # 23592 DATE 9-18-26 INT 104

MAILING ADDRESS Remodel Job CO. _____ CITY _____
JOB: Le2tl Hardie Rd APT/LOT NO. _____
CITY Hahika 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 # 229-506-0375
PAY BILL ONLINE @congerlpgas.com
DIRECTIONS: Johnathon M. sheet rock is up
I bath tankless, outdoor grill, electric water to gas
10 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
SPT	120	1546530			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT	
2	Rego B46R				195	90
1	3/8" cutoff				24	95
1	1/2" wall flange				39	95
1	1/2" straight in				39	95
2	1/2" cutoff				49	90
6'	1/2" trac				47	70
1	3/8" x 18" appliance connector				24	95
30'	1/2" Poly				25	50
4'	3/8" Copper				23	80

WORK PERFORMED: <u>T/S, Non Yard line</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	
<u>hang TWH and hookup</u>	MAKE: _____	PARTS/MAT. USED	MP	1000.50
<u>all appliances.</u>	DATE CODE: _____	TANK RENT	MS	114.03
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				CF 18.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				SALES TAX 96.00
LEAK AND PRESSURE TEST				80.01
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	HIGH: 1st Stage 2nd Stage LOW	LABOR 2 men 5 hr		900.00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP: PSI PSI	W.C.		
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE PSI PSI	W.C.		
	AFTER 10 MINUTES: PSI PSI	W.C.		
	PRESSURE AS LEFT: PSI PSI	W.C.		
PIPING PRESSURE TEST				INV. TOTAL 3420.11
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.

CL TWH

SERVICE REP. SIGNATURE

9/24/26

DATE

X

CUSTOMER SIGNATURE

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

11/2025



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

137218

CONTINUATION SHEET

NAME JMC Construction RT# RT. SEQ. ACCT # DATE INT

[illegible][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 Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Jonathan MyersAddress 6211 Hardee RdCity, State, Zip Hahira GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	~~Clothes Dryer 5~~ <u>Gas Light</u>	<u>Gas Light</u> 6
Manufacturer			Rinnai	Thor	Primo	Primo
Model No.			REP160e	HRT36118VLP	OL-22G	OL-22G
Serial No.			PL UA-119994	HRT361801PVO2	unknown	unknown
Fuel			LP	LP	LP	LP
BTU Rating			160,000	75,000	1600/hr	1600/hr
Manual Shut-off (Installed/Existing)			inst.	inst.	existing	existing
Sediment Trap (Installed/Existing)			inst.			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			Electric	Electric	Standing	Standing
Ignition System(s): Mfr./Model No.			Electric	Electric	Standing	Standing
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open	open	open	open
Venting System/Draft Diverter			open	open	open	open
Combustion Air			ambi	ambi	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	1546530	Quality	2025	2026	Backlight	OK	OK	OK	OK	OK	OK	2025	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	PSIG	
SECOND STAGE	1st	Copper	1/2	10D2025	rego	new	TR9	Horizontal	Dome	9	10 PSIG
	2nd	Copper	1/2	07C2026	rego	new	B46R	Down	EVE	11 IN WC	12.5 IN WC
THIRD STAGE		Copper	3/8	07C2026	rego	new	B46R	Down	EVE	11 IN WC	12.5 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	8	8	10 min	good
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 01-25-26

I, Harley Carter (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

Hammy Carter
(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)