



INVOICE / WORK ORDER NO.

136829

NAME JMC Construction RT# _____ RT. SEQ. _____ ACCT # 64-23592 DATE 9-22-26 INT MRMAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV _____
ADDRESS 804 Tince Rd APT/LOT NO. _____ HOME PH _____ RENT _____
CITY Lake Park STATE GA ZIP CODE _____ WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

NEW CUSTOMER INFORMATION

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Set 120 tank, Hang REPI60 on Exterior. Tip in and safety check.66 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
TS	120gal	U-236390	55%	Recvd	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
25 ft	1/2 Copper				195.75
2	1/2 Flare Nuts				5.90
1	Sediment trap				39.95
1	B46R				97.95
1	RE1602 TWH Rinnai		WCVA-027979		1199.95
1	1/2 Cut off				24.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	1199.95
	MAKE:	MODEL:	PARTS/MAT. USED	MP	367.50
	DATE CODE:	VENT:	TANK RENT	MS	49.05
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					CF 18.95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			SALES TAX	9.6%	29.40
LEAK AND PRESSURE TEST					3.92
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	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 2men 2.5hour	450.00
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE PSI	PSI	TANK OFF: PRESSURE W.C.	Rinnai Rebate (100.00)	
	AFTER 10 MINUTES: PSI	PSI	AFTER 10 MINUTES: W.C.	GPC Rebate (200.00)	
	PRESSURE AS LEFT: PSI	PSI	PRESSURE AS LEFT: W.C.		
PIPING PRESSURE TEST			INV. TOTAL	2216.29	
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.

Zach Lane
SERVICE REP. SIGNATURE9-22-26
DATE

x

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Wadsworth

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Jmc ConstructionAddress 804 Tince RdCity, State, Zip Lake Park GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		<u>21001</u>	<u>LS-18-C/1979</u>			
Model No.			<u>Refriger</u>			
Serial No.			<u>WDC-LA-02779</u>			
Fuel			<u>LP</u>			
BTU Rating			<u>160,000</u>			
Manual Shut-off (Installed/Existing)			<u>Installed</u>			
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			<u>Electric</u>			
Ignition System(s): Mfr./Model No.			<u>electric</u>			
Thermostats: Mfr./Model No.			<u>electric</u>			
Burner(s)/Combustion Chamber			<u>Open</u>			
Venting System/Draft Diverter			<u>Open</u>			
Combustion Air			<u>AMB</u>			
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	
<u>120</u>	<u>U-24390</u>	<u>GUSA</u>	<u>2025</u>	<u>2026</u>	<u>Real</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>

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	<u>Copper</u>	<u>1/2</u>	<u>MIB2025</u>	<u>Refriger</u>	<u>New</u>	<u>TR9</u>	<u>Horiz</u>	<u>Dome</u>	<u>5 PSIG</u>
	2nd	<u>Copper</u>	<u>1/2</u>	<u>BTC2026</u>	<u>Refriger</u>	<u>New</u>	<u>B46R</u>	<u>Vert</u>	<u>9 IN WC</u>	<u>13 IN WC</u>
THIRD STAGE									<u>IN WC</u>	<u>IN WC</u>

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE		END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)			
	<u>5</u>	<u>5</u>	<u>10 mins</u>	<u>OK</u>	
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.

(Customer's Signature)

Comments _____

Reference Invoice No. _____ Date 9-22-26I, Zeck Adams (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)