

137468

NAME Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 9-2-26 INT MR

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 3825 Duchess Ct 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 _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

email: owensvinyl@hotmail.com

cell # 729-482-3325

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang REP160s P
Hang w/rt

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	REP160eP	PL. VA-119948		1199 95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD CODE	1199 95																				
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	ms 6.00																				
	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 _____ %	96.00																				
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐ 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐ I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		LEAK AND PRESSURE TEST <table border="1" style="width: 100%;"> <tr> <td>HIGH:</td> <td>1st Stage</td> <td>2nd Stage</td> <td>LOW</td> </tr> <tr> <td>START LOCK-UP:</td> <td>PSI</td> <td>PSI</td> <td>START LOCK-UP: W.C.</td> </tr> <tr> <td>TANK OFF: PRESSURE</td> <td>PSI</td> <td>PSI</td> <td>TANK OFF: PRESSURE W.C.</td> </tr> <tr> <td>AFTER 10 MINUTES: PRESSURE</td> <td>PSI</td> <td>PSI</td> <td>AFTER 10 MINUTES: W.C.</td> </tr> <tr> <td>AS LEFT:</td> <td>PSI</td> <td>PSI</td> <td>AS LEFT: W.C.</td> </tr> </table>		HIGH:	1st Stage	2nd Stage	LOW	START LOCK-UP:	PSI	PSI	START LOCK-UP: W.C.	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE W.C.	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: W.C.	AS LEFT:	PSI	PSI	AS LEFT: W.C.
HIGH:	1st Stage	2nd Stage	LOW																				
START LOCK-UP:	PSI	PSI	START LOCK-UP: W.C.																				
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE W.C.																				
AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: W.C.																				
AS LEFT:	PSI	PSI	AS LEFT: W.C.																				
X _____ CUSTOMER SIGNATURE		PIPING PRESSURE TEST	INV. TOTAL 1422.90																				
		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 [Signature] DATE 9-3-2026 x CUSTOMER SIGNATURE _____