



NAME Nettie Kennedy RT# _____ RT. SEQ. _____ ACCT # 03-19628 DATE 9-22-26 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 133 Sweetbriar Lakes DR APT/LOT NO. _____

CITY Thomasville STATE GA ZIP CODE 31757

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: n.j.kennedy520@gmail.com

cell # 229-200-3685

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

229-672-0636

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>150</u>	<u>COT</u>		<u>UG on Site</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai RE199e WE.UA-056996</u>				<u>1599 95</u>

WORK PERFORMED: <u>Replaced old RL75 for code 14 (thermal fuse) Rinnai said cheaper than fixing old one</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE
	MAKE: <u>Rego</u>	MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>WH 1599.95</u>
	DATE CODE: <u>01.2020</u>	VENT: <u>Down</u>	TANK RENT	

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.E.P.A. PAMPHLET NUMBER 58 ☐		HIGH:	1st Stage	2nd Stage	LOW	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.E.P.A. PAMPHLET NUMBER 54 ☐		START LOCK-UP:	<u>10</u> PSI	PSI	START LOCK-UP:	<u>12</u> W.C.
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	<u>6</u> PSI	PSI	TANK OFF: PRESSURE	<u>8</u> W.C.
		AFTER 10 MINUTES:	<u>6</u> PSI	PSI	AFTER 10 MINUTES:	<u>8</u> W.C.
		PRESSURE AS LEFT:	<u>10</u> PSI	PSI	PRESSURE AS LEFT:	<u>12</u> W.C.
X _____		PIPING PRESSURE TEST			INV. TOTAL	
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

DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location

Conger Northville

Call Date

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number

03-19628

Name

Nettie Kennedy

Address

133 Sweetbriar Lake Dr

City, State, Zip

Thonerville, GA

Telephone: Office

Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	GE		
Model No.			RE199	PGP9036SL755		
Serial No.			WE.1A-056996	RR083569		
Fuel			LP	LP		
BTU Rating			199K	55K		
Manual Shut-off (Installed/Existing)			Exists	Exists		
Sediment Trap (Installed/Existing)			Exists	-		
Control Mfr./Model No.			OK	OK		
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			-	-		

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	
150	COT				UG	OK	OK	OK	OK	OK	OK		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								
1st	Copper	1/2	01-2020	Rigo	OK	TR9	Down	Dome	PSIG	10 PSIG
2nd	Trac	1/2	07-2020	Rigo	OK	B46R	Down	Dome	10.5 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
1st	6	6	10m	OK
2nd	8	8	10m	OK
THIRD STAGE				

Comments

Reference Invoice No.

Date 9.23.2026

I, Taylor Newsome (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

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)

(Service Technician's Signature)