



NAME DEI RT# _____ RT. SEQ. _____ ACCT # 03.16616 DATE 9.19.26 INT DA

MAILING ADDRESS (Kurts House) CO. _____ CITY _____ S.S. NO. _____ DELV _____

ADDRESS 1755 Kendallwood Ch. Rd. APT/LOT NO. _____ HOME PH _____ RENT _____

CITY Moultrie STATE Ga ZIP CODE 31776 WORK PH _____ CREDIT _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ LITE PILOT _____ PC _____

Gate Code: 1969 email: clary-demottent@yahoo
cell # 229 873 4517

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Change out water heater RE199e

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>250</u>	<u>COT</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</u>	<u>WEUA 056998</u>			<u>1599 95</u>
<u>1</u>	<u>Sediment Trap</u>				<u>50 00</u>
<u>1</u>	<u>Flex Connector</u>				<u>39 95</u>

WORK PERFORMED: <u>Replaced w/u</u>	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE
	MAKE:	MODEL:	PARTS/MAT. USED	<u>WT 1599 95</u>
	DATE CODE:	VENT:	TANK RENT	<u>MP 89.95</u>
				<u>MS 40.50</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE						
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			LEAK AND PRESSURE TEST			
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	HIGH:	1st Stage	2nd Stage	LOW		
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
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.	
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	
X _____	CUSTOMER SIGNATURE			PIPING PRESSURE TEST		INV. TOTAL
	START	PSIG	FINISH	PSIG	AMOUNT RECEIVED	

1599 95
89.95
40.50
18 95
144.00
8.10
3.45
1.71
LB 360 00
GPC 200 00
GPC 200 00
2266.81

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



Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location

Congee Moultrie

Call Date

Date GAS Check® Requested

Call-Taker's Name

Instructions

Account Number

03-16616

Name

Kurt DeMott

Address

1755 Kendallwood Blvd

City, State, Zip

Moultrie, GA

Telephone: Office

Home

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>	<u>Rinnai</u>		
Model No.			<u>RE199</u>	<u>Rui80e</u>		
Serial No.			<u>WEUA05E998</u>	<u>NRBA024370</u>		
Fuel			<u>LP</u>	<u>LP</u>		
BTU Rating			<u>199K</u>	<u>180K</u>		
Manual Shut-off (Installed/Existing)			<u>Exists</u>	<u>Exists</u>		
Sediment Trap (Installed/Existing)			<u>Installed</u>	<u>Exists</u>		
Control Mfr./Model No.			<u>OK</u>	<u>OK</u>		
Pilot(s)/Pilot Safety System			<u>OK</u>	<u>OK</u>		
Ignition System(s): Mfr./Model No.			<u>OK</u>	<u>OK</u>		
Thermostats: Mfr./Model No.			<u>OK</u>	<u>OK</u>		
Burner(s)/Combustion Chamber			<u>OK</u>	<u>OK</u>		
Venting System/Draft Diverter			<u>OK</u>	<u>OK</u>		
Combustion Air			<u>OK</u>	<u>OK</u>		
Red Tag (removed from service)/Recall			<u>—</u>	<u>—</u>		

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>250</u>	<u>COT</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	Copper	1/2		Rego	OK	TR9	Down	Down	PSIG	10	PSIG
	2nd	Galv.	3/4	10.07	Rego	OK	B4E	Down	-	11	IN WC	12.5
THIRD STAGE										IN WC		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	6	6	10m	Ok
	2nd				
THIRD STAGE					

Comments

Replaced w/h

No leaks in system

Reference Invoice No. 130063

Date 9.19.2024

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

(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)