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146 S. Ridge Ave.  
Tifton, GA 31794  
(229) 386-5574

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604-B N. Broadfoot Blvd.  
Vidalia, GA 30474  
(912) 537-8722

3117 Veterans Parkway S.  
Moultrie, GA 31788  
(229) 985-6942

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

NAME Stewart Demott RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 3-16/69 DATE 1-30-26 INT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_  
ADDRESS 197 Harper Rd APT/LOT NO. \_\_\_\_\_  
CITY Moultrie STATE GA ZIP CODE 31788

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: Stewartd@  
cell # 229-873-9861  
**PAY BILL ONLINE @congerlpgas.com**

DIRECTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

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
<u>1</u>	<u>RE/boe,</u>	<u>TDWA-051302</u>			<u>1199.95</u>

WORK PERFORMED: <u>Sold. water Heater</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>For pool House.</u>	MAKE: <u>Rego</u>	PARTS/MAT. USED	<u>WH 1199.95</u>
	MODEL: <u>B46 R.</u>	TANK RENT	
	DATE CODE: <u>4-75</u>		
	VENT: <u>Dur.</u>		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER: 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/> I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	LEAK AND PRESSURE TEST			SALES TAX _____ %	LABOR <u>2000.00</u>
	HIGH:	1st Stage	2nd Stage		
<input checked="" type="checkbox"/> X CUSTOMER SIGNATURE _____	START LOCK-UP:	PSI	PSI	START LOCK-UP: <u>12.2</u> W.C.	INV. TOTAL <u>1107.95</u> AMOUNT RECEIVED <u>200.00</u> <u>1307.95</u>
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE <u>9.5</u> W.C.	
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: <u>9.5</u> W.C.	
	AS LEFT:	PSI	PSI	PRESSURE AS LEFT: <u>11.5</u> W.C.	
	PIPING PRESSURE TEST				
	START	PSIG	FINISH	PSIG	

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.

Dewayne  
SERVICE REP. SIGNATURE

1-30-26  
DATE

X \_\_\_\_\_  
CUSTOMER SIGNATURE



# Residential Gas Appliance System Check

Company/Location Conger Now Airie

Call Date \_\_\_\_\_

Date GAS Check® Requested \_\_\_\_\_

Call-Taker's Name \_\_\_\_\_

Instructions \_\_\_\_\_

Account Number 3-16169  
Name Stewart Demott  
Address 197 Harper Rd  
City, State, Zip Now Airie, GA 31758  
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>			
Model No.			<u>RE160E</u>			
Serial No.			<u>TD.11A-051302</u>			
Fuel			<u>Propane</u>			
BTU Rating			<u>180,000</u>			
Manual Shut-off (Installed/Existing)			<u>Installed</u>			
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.			<u>OK</u>			
Pilot(s)/Pilot Safety System			<u>Electric</u>			
Ignition System(s): Mfr./Model No.			<u>OK</u>			
Thermostats: Mfr./Model No.			<u>OK</u>			
Burner(s)/Combustion Chamber			<u>OK</u>			
Venting System/Draft Diverter			<u>OK</u>			
Combustion Air			<u>OK</u>			
Red Tag (removed from service)/Recall			<u>No</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>684132</u>	<u>Trinity</u>	<u>1990</u>	<u>NA</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>	<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								IN WC	IN WC
1st									IN WC	IN WC	
2nd	<u>Galv</u>	<u>3/4</u>	<u>4-25</u>	<u>Rego</u>	<u>OK</u>	<u>1346R</u>	<u>Down</u>	<u>Lip</u>	<u>11.5</u>	<u>12.2</u>	
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	<u>9.5</u>	<u>9.5</u>	<u>10min</u>	<u>OK</u>
2nd				
THIRD STAGE				

Comments Hang water Heater in wall charged PEE for running lines.

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.

Reference Invoice No. \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (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

\_\_\_\_\_  
Signature