



congerlpgas.com

INVOICE / WORK ORDER NO.

122949

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

306 S. Main St. Sylvester, GA 31791 (229) 776-7336

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 Prem Southern RT# RT. SEQ. ACCT # 21602 DATE 2/4/20 INT Bal Mailing Address 2410 Andover 31602 CO. CITY

NEW CUSTOMER INFORMATION S.S. NO. DELV HOME PH RENT WORK PH CREDIT LITE PILOT PC EMPLOYER DR. USE LEASE

email: f\_mitch\_11@yahoo.com cell # 229-263-1602

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: CASH CHARGE DATE PROMISED

DIRECTIONS: Set tank tied in. Finished Hook up. called in Fin 10 gal Seth

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD (PARTS/MAT. USED, TANK RENT)

Table with columns: SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE, SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER, LEAK AND PRESSURE TEST, PIPING PRESSURE TEST, SALES TAX, LABOR, INV. TOTAL, 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.

Signature of Service Rep. (Seth) and Customer (Seth) with date 2-19-20





# Residential Gas Appliance System Check

Company/Location Conger / Valdosta

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

Date GAS Check® Requested \_\_\_\_\_

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

Instructions \_\_\_\_\_

Account Number \_\_\_\_\_

Name Tran Mitchell

Address 4961 Hatfield

City, State, Zip Hahira 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>			
Model No.			<u>R6150</u>	<u>6CC63048A5</u>		
Serial No.			<u>H-4A-114753</u>	<u>2F53540258</u>		
Fuel			<u>LP</u>	<u>LP</u>		
BTU Rating			<u>180,000</u>	<u>48,000</u>		
Manual Shut-off (Installed/Existing)			<u>inst</u>	<u>inst</u>		
Sediment Trap (Installed/Existing)			<u>inst</u>	<u>-</u>		
Control Mfr./Model No.			<u>-</u>	<u>-</u>		
Pilot(s)/Pilot Safety System			<u>OK</u>	<u>OK</u>		
Ignition System(s): Mfr./Model No.			<u>electric</u>	<u>electric</u>		
Thermostats: Mfr./Model No.			<u>-</u>	<u>-</u>		
Burner(s)/Combustion Chamber			<u>open</u>	<u>open</u>		
Venting System/Draft Diverter			<u>open</u>	<u>open</u>		
Combustion Air			<u>ambi</u>	<u>ambi</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>120</u>	<u>W-236391</u>	<u>industrias</u>	<u>2025</u>	<u>2026</u>	<u>Side</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>25</u>	<u>/</u>	<u>/</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		
SECOND STAGE	1st	<u>Copper</u>	<u>3/8</u>	<u>10D25</u>	<u>Rego</u>	<u>OK</u>	<u>TB9</u>	<u>Hor</u>	<u>lid</u>	<u>10</u>	<u>PSIG</u>	<u>10</u>	<u>PSIG</u>
	2nd	<u>CSST</u>	<u>1/2</u>	<u>05B25</u>	<u>Rego</u>	<u>OK</u>	<u>B46R</u>	<u>vert</u>	<u>none</u>	<u>11</u>	<u>IN WC</u>	<u>13</u>	<u>IN WC</u>
THIRD STAGE										<u>IN WC</u>		<u>IN WC</u>	

SYSTEM LEAK TEST				
SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	<u>8</u>	<u>8</u>	<u>10 min</u>	<u>OK</u>
THIRD STAGE				

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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)

I, Seth Weeks (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

Seth Weeks  
 (Service Technician's Signature)