



congerlpgas.com

INVOICE / WORK ORDER NO.

122897

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 Mark Demott RT# _____ RT. SEQ. _____ ACCT # 23100 DATE 1/30/26 INT TJ

MAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV _____ HOME PH _____ RENT _____ WORK PH _____ CREDIT _____ LITE PILOT _____ PC _____ EMPLOYER _____ DR. _____ USE _____ LEASE _____

ADDRESS 3512 River Chase Dr APT/LOT NO. _____ CITY Valdosta STATE Ga ZIP CODE 31602

SERVICE REQUESTED: CASH CHARGE DATE PROMISED _____
Hook gas range will be there on Tuesday then hook up logs
DIRECTIONS: we have here Bobby Parborough? (10941)

email: markdemott1@gmail.com
cell # 407-1694-5508
PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>230</u>	<u>1360199</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>43</u>	<u>3/4 foil</u>				<u>42.75</u>
<u>2</u>	<u>3/4 coupling transitions</u>				<u>89.90</u>
<u>2</u>	<u>3/4 coupling Black</u>				<u>99.90</u>
<u>2</u>	<u>3/4 1/2 pipe</u>				<u>9.90</u>
<u>4</u>	<u>1/2 flare nuts</u>				<u>11.80</u>
<u>15</u>	<u>1/2 copper</u>				<u>119.25</u>
<u>1</u>	<u>1/2 cutoff</u>				<u>19.95</u>
<u>1</u>	<u>Y40R</u>				<u>105.95</u>
<u>2</u>	<u>3/4 maxitrals</u>				<u>199.90</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: _____ MODEL: _____	<u>WPT</u>	<u>1799.95</u>
	DATE CODE: _____ VENT: _____	PARTS/MAT. USED	<u>AP</u>
		TANK RENT	<u>T/S</u>
			<u>20.00</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

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>4</u>	<u>6</u>	<u>1920.00</u>
	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.		<u>MP</u>	<u>940.45</u>
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.		<u>DI</u>	<u>39.99</u>
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.		<u>MS</u>	<u>171.163</u>
	PIPING PRESSURE TEST				INV. TOTAL			<u>7310.21</u>
	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 2-23-26 CUSTOMER SIGNATURE [Signature]

Pima Rebate (200.00)
GPC Rebate (200.00)



Residential Gas Appliance System Check

Company/Location Conger LP Gas, Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____
Name JH Strickland
Address 3512 Birchchase rd
City, State, Zip Valdosta Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Binnai	Formo		
Model No.			R2199	FF5656156-48		
Serial No.			TEBA-13424	107,000		
Fuel			LP	LP		
BTU Rating			199,000	107,000		
Manual Shut-off (Installed/Existing)			inst	inst		
Sediment Trap (Installed/Existing)			inst	-		
Control Mfr./Model No.			-	-		
Pilot(s)/Pilot Safety System			OK	OK		
Ignition System(s): Mfr./Model No.			Electric	Electric		
Thermostats: Mfr./Model No.			-	-		
Burner(s)/Combustion Chamber			Open	Open		
Venting System/Draft Diverter			Open	Open		
Combustion Air			Ambi	Ambi		
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	
250	1560199	Quality	2025	2026	back	OK	OK	OK	OK	OK	OK	25	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								IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	10D25	Rego	OK	TR9	Hor	lid	15 PSIG	10 PSIG
	2nd	CSST	3/4	04E24	Rego	OK	Y46R	vert	none	20 IN WC	20 IN WC
THIRD STAGE		CSST	3/4	maxitrol	maxitrol	OK	3/4	Hor	attic	91 IN WC	11 IN WC

SYSTEM LEAK TEST

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

Comments _____

Reference Invoice No. _____ Date _____

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)

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)