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INVOICE / WORK ORDER NO.

122961

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 Jmc Construction RT# _____ RT. SEQ. _____ ACCT# 04-23592 DATE 01/20/26 INT _____
(Jonathon Myers)

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 694 Guess Rd APT/LOT NO. _____
CITY Morven STATE GA ZIP CODE 31625

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 _____
Client has COT. Ready for appliances to be connected.

email: jonathonmyers25@gmail.com
cell # 229-506-0375
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:
* 5 gallons of gas *

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>COT</u>	<u>250</u>								

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>100'</u>	<u>3/4" Poly</u>				<u>95 00</u>
<u>2</u>	<u>3/4" transitions w Couplings</u>				<u>126 45</u>
<u>2</u>	<u>Bellreducers</u>				<u>2 75</u>
<u>3</u>	<u>3/4" x Close</u>				<u>1 59</u>
<u>1</u>	<u>3/4" union</u>				<u>0 00</u>
<u>1</u>	<u>1/2" tee</u>				<u>1 35</u>
<u>1</u>	<u>3/4" tee</u>				<u>2 10</u>
<u>2</u>	<u>1/2" x 3/4" mip elb</u>				<u>7 75</u>
<u>3</u>	<u>5/8" x 1/2" mip</u>				<u>5 50</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Hooked up COT and hooked up generator and gas supply to house.</u>	MAKE: _____ MODEL: _____ DATE CODE: _____ VENT: _____	WAH MP MS	1799.95 939.81 99.59

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		CF	18	25	95
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		SALES TAX	144.00	25.18	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		_____ %	1.60	1.52	
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.		LABOR <u>3 men</u>	<u>3hr</u>	<u>720</u>	<u>00</u>
X _____ CUSTOMER SIGNATURE		TANK OFF: PRESSURE	<u>01</u>	<u>20.00</u>	
		AFTER 10 MINUTES: PRESSURE AS LEFT:	<u>Remai Rebate</u>	<u>(200.00)</u>	
		START _____ PSIG FINISH _____ PSIG	<u>GPC Rebate</u>	<u>(200.00)</u>	
		PIPING PRESSURE TEST	INV. TOTAL	<u>3828.57</u>	
		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.
CL Tott SERVICE REP. SIGNATURE 2/13/26 DATE _____ CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Jonathan MyersAddress 694 Gules rdCity, State, Zip Monroe LA 71225

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer		Peterso	Rinnai			Genera
Model No.		G10-24/30-01VP	RX199;			G007290
Serial No.		2101185	TG.BA-165663			3017329609
Fuel		LP	LP			LP
BTU Rating		37,000	199,000			330,000
Manual Shut-off (Installed/Existing)		installed	installed			installed
Sediment Trap (Installed/Existing)		—	installed			exist
Control Mfr./Model No.		—	—			—
Pilot(s)/Pilot Safety System		electric	electric			electric
Ignition System(s): Mfr./Model No.		spark	electric			electric
Thermostats: Mfr./Model No.		—	—			—
Burner(s)/Combustion Chamber		open	open			open
Venting System/Draft Diverter		open	open			open
Combustion Air		ambi	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
320	65660	Trinity	1991	2025	Rear	OK	New	New	New	New	New	2025	Yes	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								
	Copper	5/8"	07C2025	Rego	New	TRA	Down	None	9.5 IN WC	10 IN WC
SECOND STAGE	1st	BT	07B2025	Rego	New	B46R	Down	open	11 IN WC	13 IN WC
	2nd	CSST	02E2024	Rego	New	B46R	Down	eve	11 IN WC	13 IN WC
THIRD STAGE	BT	3/4"	05B2025	Rego	New	B46R	Down	eve	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	9.0 WC	9.0 WC	10 mins	OK
THIRD STAGE				

Comments _____

Reference Invoice No. 122961 Date 2/9/28I, Cole Truett (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

CL Truett

(Service Technician's Signature)

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)