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INVOICE / WORK ORDER NO.

127352

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 Robert Williams RT# _____ RT. SEQ. _____ ACCT # 03-08558 DATE 2.25.26 INT AAA

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 175 Sykes Lane APT/LOT NO. _____
CITY Omega STATE Ga ZIP CODE 31775

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 _____

Water heater not working

email: rhwill1@gmail.com
cell # 478-335-7154

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
	330	H4840							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
	<u>Rel60 Rinnai</u>	<u>Rel60e8</u>	<u>TJ-UA-134956</u>		<u>1099.95</u>

WORK PERFORMED: Changed out REGULATION INFORMATION _____ APPLIANCES/EQUIP. SOLD WH CODE 1099.95
4wh. MAKE: Rego MODEL: TR9 PARTS/MAT. USED _____
DATE CODE: 06C94 VENT: down TANK RENT _____

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"/>	LEAK AND PRESSURE TEST			SALES TAX _____ %	LABOR	INVENTORY TOTAL
	HIGH:	1st Stage	2nd Stage			
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP:	<u>9</u> PSI	PSI	START LOCK-UP:	W.C.	<u>LB 180.00</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE	<u>6</u> PSI	PSI	TANK OFF: PRESSURE	W.C.	<u>(GPC 200.00)</u>
	AFTER 10 MINUTES: PRESSURE	<u>6</u> PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.	
	AS LEFT:	<u>9</u> PSI	PSI	AS LEFT:	W.C.	
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST			INV. TOTAL	<u>Free 1188.42</u>	
	START	PSIG	FINISH	PSIG	AMOUNT RECEIVED	<u>200.00</u>

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.

Carm Seaborn 2-23-26 x _____
SERVICE REP. SIGNATURE DATE CUSTOMER SIGNATURE

1388.42



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Moultrie, GA

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03-08558
 Name Robert Williams
 Address 175 Sykes Lane
 City, State, Zip Ozark GA
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			Rel60eP			
Serial No.			TJ-UA-134956			
Fuel			LP			
BTU Rating			160,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.			ok			
Pilot(s)/Pilot Safety System			ok			
Ignition System(s): Mfr./Model No.			ok			
Thermostats: Mfr./Model No.			ok			
Burner(s)/Combustion Chamber			ok			
Venting System/Draft Diverter			ok			
Combustion Air			ok			
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	
330	44840	Bagwell	1963	1963	AG	ok	ok	ok	ok	ok	ok	/	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								
1st	Copper	1/2"	06C94	Rego	ok	TR9	down	dome	PSIG	9 PSIG
2nd	BTI	3/4"	06D16	Rego	ok	B46	down		IN WC	IN WC
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	6	6	10min	OK
2nd				
THIRD STAGE				

Comments _____

Reference Invoice No. 127352 Date 2-23-26

I, Conner Seabolt (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

Conner Seabolt
 (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)