



congerlpgas.com

INVOICE / WORK ORDER NO.

120218

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

Contractor

NAME JD Yager/Building Valdosta RT. SEQ. ACCT # 20871 DATE 3/19/26 INT RM

MAILING ADDRESS 231 Northside Drive Valdosta, GA 31602 CO. CITY NEW CUSTOMER INFORMATION S.S. NO. DELV HOME PH RENT WORK PH CREDIT LITE PILOT PC EMPLOYER DR. USE LEASE

ADDRESS 5945 valdel rd APT/LOT NO.

CITY Hahira STATE GA ZIP CODE

SERVICE REQUESTED: [ ] CASH [ ] CHARGE DATE PROMISED

3-16-26 - 3 hr 1 3-25-26 - 4 hr 2 3-17-26 - 3 hr 1 email: buildingvaldosta@gmail.com cell # 229-740-0978 PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: 5 gallons Called in from 3-25-26 Also gas delivery

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. Includes items like 5/8 copper, 5/8 flare nuts, 5/8 poly transition, Rinnai, 3/4 maxitrol, 3/4 straight end, 5/8 flare T, Y46R.

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD (MP, WH), 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 (HIGH, 1st Stage, 2nd Stage, LOW), START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES PRESSURE AS LEFT, PIPING PRESSURE TEST (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.

Signature of Service Rep. (Arth W. [unclear]) and Customer (Arth W. [unclear]). Date: 3-19-26.





# Residential Gas Appliance System Check

Company/Location Conger LP Gas/valdosta  
 Call Date 3-19-26

Date GAS Check® Requested \_\_\_\_\_

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

Instructions \_\_\_\_\_

Account Number \_\_\_\_\_  
 Name JO yager  
 Address 1015 valdosta  
 City, State, Zip Alpharetta GA  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Grill 6
Manufacturer		Rinnai	Rinnai	Whirlpool		Coyote
Model No.		Re 180	Re 180	WLBK5031P460		C35L36LP
Serial No.		WB-4A-012103	SP-4A-080473	DFE08551		C35L36LP1182
Fuel		LP	LP	LP		LP
BTU Rating		180,000	199,000	42,500		75,000
Manual Shut-off (Installed/Existing)		inst	inst	inst		inst
Sediment Trap (Installed/Existing)		inst	inst	-		-
Control Mfr./Model No.		-	-	-		-
Pilot(s)/Pilot Safety System		OK	OK	OK		OK
Ignition System(s): Mfr./Model No.		electric	electric	electric		electric
Thermostats: Mfr./Model No.		-	-	-		-
Burner(s)/Combustion Chamber		open	open	open		open
Venting System/Draft Diverter		open	open	open		open
Combustion Air		ambi	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
500	556210	Quality	2025	2026	Side	OK	OK	OK	OK	OK	OK	23	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									
SECOND STAGE	1st	Copper	5/8	05D25	Rego	OK	TR9	Hor	1 1/2	10 PSIG	10 PSIG
	2nd	CSS4	3/4	02D24	Rego	OK	Y46R	Vert	None	2PSI IN WC	2PSI IN WC
THIRD STAGE		Black	3/4	05B25	Rego	OK	Y346R	Vert	None	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	1st			
	2nd			
THIRD STAGE	8	8	10 min	OK

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

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 3-19-26  
 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  
 \_\_\_\_\_  
 (Service Technician's Signature)

\_\_\_\_\_ (Customer's Signature)