



congerlpgas.com

INVOICE / WORK ORDER NO.

120599

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 Jan G Copeland RT# _____ RT. SEQ. _____ ACCT # 04-24221 DATE 02/26/26 INT mlf

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 4950 Tucker Rd APT/LOT NO. _____
CITY VLD STATE GA ZIP CODE 31601
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 _____
email: _____
cell # 229-300-4648
DIRECTIONS: T/S 120-gal rental confirm horizontal model run lines install Rin w/H model RE16Dep Job date between March 9th-13th.
Stove not installed yet -10 gallons
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
Set	120	1560910							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Samsung - Already paid for?				1299.95
15	1/2 csst				386.25
1	1/2 wall plug				39.95
1	1/2 straight				39.95
2	1/2 cutoff				39.95
1	1/2 coupling				3.95
1	Bell				2.95
1	3/4 T				4.95
2	3/4 Close				3.90

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	SALES AMOUNT
	MAKE: _____ MODEL: _____	WH	99.95
	DATE CODE: _____ VENT: _____	MP	793.63
		MS	80.02
		CF	18.95

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		SALES TAX	SALES AMOUNT
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		%	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>			80.00
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>			63.49
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			104.00
X _____ CUSTOMER SIGNATURE			6.40
HIGH: 1st Stage 2nd Stage LOW			1.80
START LOCK-UP: PSI PSI START LOCK-UP: W.C.			1.52
TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C.			3.08
AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C.			
PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C.			
PIPING PRESSURE TEST		LABOR	540.00
START	PSIG	FINISH	PSIG
		INV. TOTAL	1299.95
		AMOUNT RECEIVED	4048.28

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 3-13-26 CUSTOMER SIGNATURE [Signature]



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 Jan Copeland
Address 4950 Hacker 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			Rinnai			
Model No.			B4130			
Serial No.			M.F. BA-068858			
Fuel			LP			
BTU Rating			130,000			
Manual Shut-off (Installed/Existing)			inst			
Sediment Trap (Installed/Existing)			inst			
Control Mfr./Model No.			-			
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			Electric			
Thermostats: Mfr./Model No.			-			
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			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
170	1560910	Quality	2025	2026	back	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	1/2	10D25	Rego	OK	TR9	Hor	lid	10 PSIG	10 PSIG
SECOND STAGE 2nd	Csst	1/2	09A25	Rego	OK	B46R	vert	none	11 IN WC	13 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
SECOND STAGE 1st				
SECOND STAGE 2nd	8	8	10min	OK
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date 3-13-26

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

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.

Jan Copeland (Customer's Signature)

Seth Weeks (Service Technician's Signature)