



congerlpgas.com

INVOICE / WORK ORDER NO.

120371

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 Cheryl Hayley RT# RT. SEQ. ACCT # 4.24493 DATE 3-9-26 INT L0A

MAILING ADDRESS CO. CITY 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 'Set 250 tank - Connected Furno - hooked up Rinnai' DIRECTIONS: \* 10 gallons intank \*

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

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD CODE, PARTS/MAT. USED, TANK RENT

Table with columns: 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), SALES TAX, LABOR, INV. TOTAL, 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 DATE CUSTOMER SIGNATURE





Residential Gas Appliance System Check

Company/Location Conger Valdosta
Call Date 3/4/26
Date GAS Check Requested
Call-Taker's Name
Instructions

Account Number
Name Cheryl Hayley
Address 3140 Stallings rd
City, State, Zip Valdosta, GA
Telephone: Office Home

Table with 7 columns: PERFORMANCE CHECK: ITEM, Central Heating 1, Room Heating 2, Water Heater 3, Range 4, Clothes Dryer 5, 6. Rows include Manufacturer, Model No., Serial No., Fuel, BTU Rating, Manual Shut-off, Sediment Trap, Control Mfr./Model No., Pilot(s)/Pilot Safety System, Ignition System(s), Thermostats, Burner(s)/Combustion Chamber, Venting System/Draft Diverter, Combustion Air, Red Tag (removed from service)/Recall.

TANK/CYLINDER (Additional Serial Numbers): Table with columns: SIZE, SERIAL NUMBER, MFR., MFR. DATE, LAST TEST DATE, LOCATION, TANK, PAINT, PIGTAIL, FITTINGS, GAUGE, RELIEF VALVE (COND., DATE, CAP), FITTINGS LEAK TEST.

PIPING/REGULATOR OPERATION/CONDITION Table with columns: SINGLE STAGE, PIPING (MATERIAL, SIZE), REGULATOR MFR. DATE (CODE), MFR., REGULATOR CONDITION, MODEL, REG. VENT POSITION, HOW PROTECTED, FLOW PRESSURE, LOCK-UP PRESSURE.

SYSTEM LEAK TEST Table with columns: SINGLE STAGE/INTEGRAL/SECOND STATE, START PRESSURE (INCHES WC), END PRESSURE (INCHES WC), TIME HELD, SYSTEM 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, Cheryl Hayley (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 5/4/26
Joe Adams (please print name)
certify that I have completed the System Check as prescribed.
Performed Odor Test [X] Yes
Performed Leak/Pressure Test [X] Yes
Placed Safety Decal [X] Yes
Left Consumer Safety Information and Material [X] Yes
[Signature] (Service Technician's Signature)

(Customer's Signature)

(Service Technician's Signature)