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INVOICE / WORK ORDER NO.

120381

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 Donnie Sowell RT# RT. SEQ. ACCT # 25210 DATE INT

MAILING ADDRESS CO. CITY NEW CUSTOMER INFORMATION S.S. NO. DELV HOME PH RENT WORK PH CREDIT LITE PILOT PC EMPLOYER DR. USE LEASE

ADDRESS 1073 Melrose Rd APT/LOT NO. CITY Lake Park STATE GA ZIP CODE 31636 SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED email: cell # PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang RX180i inside Garage, Vent 2" pvc out through Attic soffit. Run line for gas Range - Convert Hook up. Come off COT. Also Has existing logs.

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

WORK PERFORMED: Installed TWH and stove and ran line from existing system REGULATION INFORMATION MAKE: MODEL: DATE CODE: VENT: APPLIANCES/EQUIP. SOLD CODES MP 1785.40 PARTS/MAT. USED MS 182.12 TANK RENT WH 1599.95

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE LEAK AND PRESSURE TEST HIGH: 1st Stage 2nd Stage LOW START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR men 5.5hr 1320.00 TANK OFF: PRESSURE PSI PSI TANK OFF: PRESSURE W.C. Rinnai Rebate (100.00) AFTER 10 MINUTES: PSI PSI AFTER 10 MINUTES: W.C. GPC Rebate (200.00) PRESSURE AS LEFT: PSI PSI PRESSURE AS LEFT: W.C. INV. TOTAL 5117.74

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: CL TWH SERVICE REP. SIGNATURE DATE: 3/18/26 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Valdosta

Call Date 3/17/26

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Donnie Sewell

Address 1073 Melrose Rd Lake Park

City, State, Zip Lake Park GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Back Street Kinna	GE			
Model No.		FD 342C	EX160	RA096YPPS		
Serial No.		026708	TH. BA-17861	SA375256		
Fuel		LP	LP	LP		
BTU Rating		34,000	160,000	103,000		
Manual Shut-off (Installed/Existing)		Installed	Installed	Installed		
Sediment Trap (Installed/Existing)		Installed	Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		standing	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	vented	Open		
Combustion Air		Amb	Amb	Amb		
Red Tag (removed from service)/Recall						

TANK/CYLINDER (Additional Serial Numbers):

Bot

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	
120	727722	Quality	2002	2002	Right	OK	OK	OK	OK	OK	OK	2002	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									
SECOND STAGE	1st	3/4 CSST	1/2 3/4 DBE 2024	Rego	New	Y9	Down	Dome	1.5 PSIG	2 PSIG	
	2nd	1/2 CSST	1/2	unknown	maximal	New	3/4	Horz	Attic	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
	9.0	9.0	10mms	OK
SECOND STAGE				
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date 3/17/26

I, Zach Adams (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, Angie Sewell (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.

Angie Sewell (Customer's Signature)

Zach Adams (Service Technician's Signature)