



congerlpgas.com

INVOICE / WORK ORDER NO.

120011

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 Town & Country RT# _____ RT. SEQ. _____ ACCT # 19146 DATE 3-23-26 INT 10A

MAILING ADDRESS P.O. Box 307 Lakeland CO. _____ CITY _____
ADDRESS 458 Hwy 37 APT/LOT NO. _____
CITY Lakeland STATE GA ZIP CODE _____

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 _____
Ready for Tankset, Hook up.
DIRECTIONS: Cole knows where location is.
* 10 gallons in tank *

email: jrsonconcrete@yahoo.com
cell # 229-460-5113
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
T/S	120	1560931							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
2	3/4" sediment trap				63.00
45	1/2" Copper				257.65
6	1/2" fl nuts				17.70
1	1/2" fl tee				6.95
1	Rego B46R				89.95
2	1/2" cutoff				39.40
1	Rego Y46R				105.95
1	3/4" x 3" nipple				1.95
1	3/4" coupling				3.95

WORK PERFORMED: <u>Tankset and hookup</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD CODE <u>WH</u>	<u>2199.90</u>
<u>all appliances</u>	MAKE: _____ MODEL: _____	PARTS/MAT. USED <u>AP</u>	<u>599.95</u>
	DATE CODE: _____ VENT: _____	TANK RENT <u>MP</u>	<u>1089.20</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				SALES TAX	<u>175.99</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				LABOR <u>2 men 4hr</u>	<u>720.00</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>				SALES TAX	<u>48.00</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>				SALES TAX	<u>87.14</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.				LABOR <u>2 men 1hour</u>	<u>100.00</u>
X _____ CUSTOMER SIGNATURE				SALES TAX	<u>114.55</u>
PIPING PRESSURE TEST				LABOR <u>Pinrai Reate</u>	<u>(200.00)</u>
START _____ PSIG FINISH _____ PSIG				INV. TOTAL	<u>5164.30</u>
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. CPC Rebate (400.00)

Cl Tull SERVICE REP. SIGNATURE 3/24/26 DATE _____ CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger/Valdosta
 Call Date 3-24-26
 Date GAS Check® Requested _____
 Call-Taker's Name _____
 Instructions _____

Account Number _____
 Name Jerry Roberts
 Address 458 Hwy 37
 City, State, Zip Lakeland, GA
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Water Htr 6
Manufacturer		Everwarm	Rinnai	GE		Rinnai
Model No.		EWPO2430PV	RE180e	P25930YPBFS		RE180e
Serial No.		10046789	TM.UA-172167	AD384044P		TF.UA-1384776
Fuel		LP	LP	LP		LP
BTU Rating		36,000	180,000	57,000		180,000
Manual Shut-off (Installed/Existing)		installed	installed	installed		installed
Sediment Trap (Installed/Existing)		_____	installed	_____		installed
Control Mfr./Model No.		_____	_____	_____		_____
Pilot(s)/Pilot Safety System		standing	electric	electric		electric
Ignition System(s): Mfr./Model No.		spark	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
120	1560931	Quality	2025	2025	Right	New	New	New	New	New	New	2025	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									
	Copper	1/2"	10D2025	REGO	New	TR9	Down	Done	9.5 PSI IN WC	10 PSI IN WC	
SECOND STAGE	1st	CSST	3/4"	08B025	REGO	New	Y46R	Down	eve	1.5 PSIG	2 PSIG
	2nd	BI	3/4"	05B025	REGO	New	B46R	Down	eve	11 IN WC	13 IN WC
THIRD STAGE	CSST	3/4"/1/2"	unknown	mixed	New	3/4"/1/2"	Horiz	attic	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
	9.0wc	9.0wc	10mins	OK
SECOND STAGE				
THIRD STAGE				

Comments _____

 Reference Invoice No. _____ Date 3-24-26

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.

I, Code Truett (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)