



congerlpgas.com

INVOICE / WORK ORDER NO.

120050

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 Chris/Stephanie Newsome RT# _____ RT. SEQ. _____ ACCT # 04-24527 DATE 03/25/26 INT mlf

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 120 Sanders Rd APT/LOT NO. _____
CITY Hahira STATE GA ZIP CODE 31632

NEW CUSTOMER INFORMATION
S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____

SERVICE REQUESTED: CASH CHARGE DATE PROMISED _____
Ready to wrap up house build. Need
WHV install, FP logs. Please call
DIRECTIONS: in advance of your work day.
10 gallons

DR. 5/5, 0204@ymail.com LEASE _____
email: _____
cell # 229-292-1990
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
<u>504</u>	<u>420</u>	<u>2890753</u>		<u>Moultrie</u>					

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>20</u>	<u>4 1/2 conger</u>				<u>154.00</u>
<u>2</u>	<u>1/2 FL nuts</u>				<u>5.90</u>
<u>1</u>	<u>1/2 cotose valve</u>				<u>19.95</u>
<u>1</u>	<u>3/4 cotose valve</u>				<u>24.95</u>
<u>1</u>	<u>46B</u>				<u>99.95</u>
<u>1</u>	<u>3/4 Maxiflow</u>				<u>89.95</u>
<u>1</u>	<u>1/2 Maxiflow</u>				<u>44.95</u>
<u>1</u>	<u>3/4 Sediment trap</u>				<u>29.95</u>
<u>1</u>	<u>3/4 FRX Hose</u>				<u>24.95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: _____ MODEL: _____	<u>WHV</u>	<u>1299.95</u>
	DATE CODE: _____ VENT: _____	<u>MP</u>	<u>612.00</u>
		<u>MS</u>	<u>107.32</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	LEAK AND PRESSURE TEST			SALES TAX	LABOR	INVOICE TOTAL
	HIGH:	1st Stage	2nd Stage			
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	START LOCK-UP:	PSI	PSI	<u>104.00</u>	<u>3 hrs 1 hour</u>	<u>240.00</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>	TANK OFF PRESSURE	PSI	PSI	<u>18.95</u>	<u>2 hrs 1.5 hour</u>	<u>270.00</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	AFTER 10 MINUTES:	PSI	PSI	<u>308.80</u>	<u>TK</u>	<u>10.00</u>
	PRESSURE AS LEFT:	PSI	PSI	<u>5.39</u>	<u>DI</u>	<u>38.49</u>
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST			INV. TOTAL		
	START	PSIG	FINISH	PSIG	<u>(2720.46)</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.

Matt Roy SERVICE REP. SIGNATURE 3-30-26 DATE Chris/Stephanie Newsome CUSTOMER SIGNATURE

Kinnai Rebate (2600.00)
GPC Rebate (2000.00)



Residential Gas Appliance System Check

Company/Location Conger / in / d...
Call Date 3-30-26

Account Number 04-24527
Name Chris New...
Address 120 Sanders Rd
City, State, Zip Auburn, GA
Telephone: Office Home

Date GAS Check Requested
Call-Taker's Name
Instructions

Table with 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.

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/SECOND/THIRD 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
Reference Invoice No. Date

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, (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

(Customer's Signature) (Service Technician's Signature)