



congerlpgas.com

INVOICE / WORK ORDER NO.

127265

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 Greg Key, HOSS RT# RT. SEQ. ACCT # 03-25338 DATE 4-7-26 INT

MAILING ADDRESS 2057 RL Sears rd Norman Park ADDRESS Billing - 198 RL Sears rd CITY Norman Park STATE ZIP CODE

NEW CUSTOMER INFORMATION S.S. NO. DELV HOME PH RENT WORK PH 891-1789 CREDIT LITE PILOT PC EMPLOYER DR. USE LEASE

SERVICE REQUESTED: CASH CHARGE DATE PROMISED DIRECTIONS: Hang RE 180 Run new Gas line to Water Heater + unit in germ room. SET 250 on Right side of Building.

email: greg@growhoss.com cell # 891-1789 PAY BILL ONLINE @congerlpgas.com

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL). Includes handwritten entry: 10x 1.999 = 19.99 + 3.50 + 18.45 = 42.94

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT. Lists items like 3/4 TRAC, RINNAI WATER HEATER, SEDIMENT TRAP, CUTOFF VALVES, REGULATORS, and COPPER & FLARE NUTS + TEE.

WORK PERFORMED: Ran gas line to w/h & central unit, set tank - REGULATION INFORMATION MAKE: Rego MODEL: TR9 DATE CODE: 0782025 VENT: Down APPLIANCES/EQUIP. SOLD CODE W/H 1299.95 PARTS/MAT. USED MP 2166.25 TANK RENT MS 170.48

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE LEAK AND PRESSURE TEST HIGH: 1st Stage 2nd Stage LOW START LOCK-UP: 10 PSI PSI START LOCK-UP: TANK OFF: PRESSURE 6 PSI PSI TANK OFF: PRESSURE AFTER 10 MINUTES: 6 PSI PSI AFTER 10 MINUTES: PRESSURE AS LEFT: 10 PSI PSI PRESSURE AS LEFT: SALES TAX 117.00 194.96 1534.21 LABOUR LB 675.00 GPC 200.00 INV. TOTAL 4502.08 GPC AMOUNT RECEIVED 300.00

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 4/7/2026 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Moultrie, GA

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03. 25338
 Name Hoss
 Address 2052 RL Sears Rd
Norman Park Cir
 City, State, Zip _____
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer	CARRIER		Rinnai			
Model No.	59SC2E100MA11122		RE180e			
Serial No.	0326A62303		WCUA-023203			
Fuel	LP		LP			
BTU Rating	100K		180,000			
Manual Shut-off (Installed/Existing)	Installed		installed			
Sediment Trap (Installed/Existing)	—		installed			
Control Mfr./Model No.	OK		OK			
Pilot(s)/Pilot Safety System	OK		OK			
Ignition System(s): Mfr./Model No.	OK		OK			
Thermostats: Mfr./Model No.	OK		OK			
Burner(s)/Combustion Chamber	OK		OK			
Venting System/Draft Diverter	OK		OK			
Combustion Air	OK		OK			
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
250	1556908	Quality	2025	2025	AG	OK	OK	OK	OK	OK	OK	/	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								IN WC	IN WC
SECOND STAGE	1st	Copper	1/2	07B2025	Rego	OK	TR9	Down	Dome	PSIG	10 PSIG
	2nd	Trac	3/4	04E2024	Rego	OK	Y46R	Down	—	11	12.5 IN WC
THIRD STAGE	B/I B/I	3/4 1/2	08E2025	Rego Maxitrol	OK OK	B46R 325-3L	DOWN HORIZONTAL	—	11.5	12.5 IN WC	

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	6	6	10m	OK
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. 127265 Date 4/7/2026

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, Conner Seabolt (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

CS

(Service Technician's Signature)

(Customer's Signature)