



congerlpgas.com

Gas

127221

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 J&J Construction RT# _____ RT. SEQ. _____ ACCT # 03-25348 DATE 4-27-24 INT _____

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 726 SHADE MURPHY APT/LOT NO. _____

CITY MOULTRIE STATE GA ZIP CODE 31768

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 TANK & INSTALL W/4 ON DOUBLE WIDE

email: jjroo-fingine@yahoo.com
cell # 229-876-456
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: _____

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>TS</u>	<u>123</u>	<u>U336376</u>	<u>10gals</u>	<u>AG on Site</u>					
					<u>10 * 3.849 = 38.49 + 5.17 + 18.95 = 62.61</u>				

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai Water Heater</u>	<u>R8180</u>	<u>WC-UA-023196</u>		<u>1299 95</u>
<u>25</u>	<u>1/2 Copper</u>				<u>198 75</u>
<u>6</u>	<u>Flare Nuts</u>				<u>23 70</u>
<u>1</u>	<u>Union</u>				<u>4 95</u>
<u>1</u>	<u>Sediment Trap</u>				<u>50 00</u>
<u>1</u>	<u>Cutoff Valve</u>				<u>29 95</u>
<u>3</u>	<u>MIP</u>				<u>9 85</u>
<u>1</u>	<u>Btcr</u>				<u>89 95</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Set tank, Ran line to W/4</u>	MAKE: <u>Rego</u> MODEL: <u>TR9</u> DATE CODE: <u>10B2025</u> VENT: <u>Down</u>		<u>WH</u>
		PARTS/MAT. USED	<u>MP</u>
		TANK RENT	<u>MS</u>
			<u>CR</u>

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	LEAK AND PRESSURE TEST	SALES TAX	LABOR
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>	HIGH: 1st Stage 2nd Stage LOW	_____ %	
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/>	START LOCK-UP: 10 PSI PSI START LOCK-UP: W.C.	<u>117.00</u>	<u>360 00</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE 6 PSI PSI TANK OFF: PRESSURE W.C.	<u>36.64</u>	<u>1.71 90</u>
	AFTER 10 MINUTES: 6 PSI PSI AFTER 10 MINUTES: W.C.	<u>LB</u>	<u>TR</u>
	PRESSURE AS LEFT: 10 PSI PSI PRESSURE AS LEFT: W.C.	<u>CR</u>	<u>200 00</u>
X _____ CUSTOMER SIGNATURE	PIPING PRESSURE TEST	INV. TOTAL	<u>2165.08</u>
	START PSIG FINISH PSIG	AMOUNT RECEIVED	<u>200 00</u>

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] SERVICE REP. SIGNATURE 4.27.2024 DATE [Signature] CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger Mouthrie

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

 Account Number 03-25348
 Name A. Justin Murphy
 Address 726 Shade Murphy Rd
 City, State, Zip Mouthrie AR 71752
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	GE		
Model No.			RE180e	FG4C3047QSB		
Serial No.			WC.UA.023196	3F71303144		
Fuel			LP	LP		
BTU Rating			180K	52K		
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
123	U.236376	Cytsa	2025	2025	Agon Side	OK	OK	OK	OK	OK	OK	25	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								
1st	Copper	1/2	10B2025	Rego	OK	TR9	Down	Dome	PSIG	10 PSIG
2nd	B/E	3/4 1/2	08D2024	Rego	OK	B46R	Down	-	11.5 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
1st	6	6	10m	OK
2nd				
THIRD STAGE				

 Comments Set tank, Ran line for WH & cooktop

Reference Invoice No. 127221 Date 4.27.2026

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, Taylor Newsome (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)