



INVOICE / WORK ORDER NO.

128616

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AL

Willie Thrift

5-5-26

NAME Okapilco Plantation RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 03.23343 DATE 5.1.26 INT AT

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 7698 A Hwy 122 APT/LOT NO. \_\_\_\_\_CITY Pavo STATE Ga ZIP CODE 31778

## NEW CUSTOMER INFORMATION

S.S. NO. \_\_\_\_\_ DELV \_\_\_\_\_

HOME PH \_\_\_\_\_ RENT \_\_\_\_\_

WORK PH \_\_\_\_\_ CREDIT \_\_\_\_\_

LITE PILOT \_\_\_\_\_ PC \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DR. \_\_\_\_\_ USE \_\_\_\_\_ LEASE \_\_\_\_\_

email: Willie.Thrift@Stevens.comcell # 850-712-1585

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED \_\_\_\_\_Install RX199 @ Big Pond House

DIRECTIONS:

| TANK PICKUP/SET | TANK SIZE  | SERIAL #         | TANK % | TANK DESTINATION  | DOT PERMANENTLY INSTALLED CONTAINERS |                |      |          |        |
|-----------------|------------|------------------|--------|-------------------|--------------------------------------|----------------|------|----------|--------|
| <u>COT</u>      | <u>250</u> | <u>6SV001067</u> |        | <u>UG on Site</u> | MANUFACTURED DATE                    | LAST TEST DATE | SIZE | SERIAL # | % FULL |
|                 |            |                  |        |                   |                                      |                |      |          |        |
|                 |            |                  |        |                   |                                      |                |      |          |        |

| QTY      | APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED | MODEL #             | SERIAL NUMBER | UNIT PRICE | SALES AMOUNT   |
|----------|----------------------------------------------|---------------------|---------------|------------|----------------|
| <u>1</u> | <u>RX199</u>                                 | <u>TH.BA-198165</u> |               |            | <u>1899 95</u> |
| <u>2</u> | <u>PVC &amp; FITTINGS</u>                    |                     |               |            | <u>40 00</u>   |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |
|          |                                              |                     |               |            |                |

|                                              |                        |        |                         |           |                |
|----------------------------------------------|------------------------|--------|-------------------------|-----------|----------------|
| WORK PERFORMED: <u>Replaced w/h in attic</u> | REGULATION INFORMATION |        | APPLIANCES/ EQUIP. SOLD | CODE      |                |
|                                              | MAKE:                  | MODEL: | PARTS/MAT. USED         | <u>WH</u> | <u>1899.95</u> |
|                                              | DATE CODE:             | VENT:  | TANK BENT               | <u>MP</u> | <u>40.00</u>   |
|                                              |                        |        |                         | <u>MS</u> | <u>18.60</u>   |
|                                              |                        |        |                         | <u>CP</u> | <u>18.95</u>   |

## SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

## LEAK AND PRESSURE TEST

- 1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐
- 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐

I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.

X \_\_\_\_\_  
CUSTOMER SIGNATURE

| HIGH:                      | 1st Stage | 2nd Stage | LOW                     |
|----------------------------|-----------|-----------|-------------------------|
| START LOCK-UP:             | PSI       | PSI       | START LOCK-UP: W.C.     |
| TANK OFF: PRESSURE         | PSI       | PSI       | TANK OFF: PRESSURE W.C. |
| AFTER 10 MINUTES: PRESSURE | PSI       | PSI       | AFTER 10 MINUTES: W.C.  |
| AS LEFT:                   | PSI       | PSI       | AS LEFT: W.C.           |

## PIPING PRESSURE TEST

START PSIG FINISH PSIG

|                 |             |                |
|-----------------|-------------|----------------|
| SALES TAX       | 152.00      | 3.20           |
| %               | 1.49        | 1.92           |
| LABOR           | <u>KB</u>   | <u>270.00</u>  |
|                 | <u>LGPC</u> | <u>200.00</u>  |
| INV. TOTAL      |             | <u>2205.71</u> |
| 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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE

5.1.2026

x

2405.71



# Residential Gas Appliance System Check

Company/Location Conger Maltzer

Call Date \_\_\_\_\_

Date GAS Check® Requested \_\_\_\_\_

Call-Taker's Name \_\_\_\_\_

Instructions \_\_\_\_\_

Account Number 05-23343Name Okapiro PlantationAddress 7698 Hwy 127City, State, Zip Pavo, GA

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

| PERFORMANCE CHECK: ITEM               | Central Heating 1 | Room Heating 2  | Water Heater 3 | Range 4 | Clothes Dryer 5 | 6 |
|---------------------------------------|-------------------|-----------------|----------------|---------|-----------------|---|
| Manufacturer                          |                   | Navien          | Rinnai         | Viking  |                 |   |
| Model No.                             |                   | NPE-240S2       | RX199          | NR      |                 |   |
| Serial No.                            |                   | 2089H2161481309 | TH.BA 198165   | NR      |                 |   |
| Fuel                                  |                   | LP              | LP             | LP      |                 |   |
| BTU Rating                            |                   | 199K            | 199K           | 110K    |                 |   |
| Manual Shut-off (Installed/Existing)  |                   | EXIST           | EXIST          | EXISTS  |                 |   |
| Sediment Trap (Installed/Existing)    |                   | EXISTS          | EXIST          | -       |                 |   |
| Control Mfr./Model No.                |                   | OK              | OK             | OK      |                 |   |
| Pilot(s)/Pilot Safety System          |                   | OK              | OK             | OK      |                 |   |
| Ignition System(s): Mfr./Model No.    |                   | OK              | OK             | OK      |                 |   |
| Thermostats: Mfr./Model No.           |                   | OK              | OK             | OK      |                 |   |
| Burner(s)/Combustion Chamber          |                   | OK              | OK             | OK      |                 |   |
| Venting System/Draft Diverter         |                   | OK              | OK             | OK      |                 |   |
| Combustion Air                        |                   | OK              | 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  | 65V001067     |      |           |                | UG on Site | 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 |                            |      |                     |       |                    |               |               |                  |
|              |     |          |      |                            |      |                     |       |                    |               |               |                  |
| SECOND STAGE | 1st | Copper   | 1/2  | NR                         | Rego | OK                  | TR9   | Down               | Dome          | IN WC         | IN WC            |
|              | 2nd | Trac     | 3/4  | NR                         |      | OK-PAINTED          |       | Down               | -             | PSIG          | 10 PSIG          |
| THIRD STAGE  |     |          |      |                            |      |                     |       |                    |               | 11.5 IN WC    | 13 IN WC         |
|              |     |          |      |                            |      |                     |       |                    |               | IN WC         | 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 Replaced w/4 in atticNo leaksReference Invoice No. 128616 Date 5.1.2024Taylor 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

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.

(Customer's Signature)

(Service Technician Signature)