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127290

146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574

306 S. Main St.
Sylvester, GA 31791
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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 Rett Thomas RT# _____ RT. SEQ. _____ ACCT # 03-25343 DATE 5-8-26 INT B

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 918 Jo Stewart rd APT/LOT NO. _____

CITY Norman Park STATE GA ZIP CODE 31771

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Set 120 run line for water heater

DIRECTIONS:

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____
HOME PH _____ RENT _____
WORK PH _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: baysongiddens@gmail.com

cell # 229-893-8999

PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
Set	123	U-236360	100%	AG on site	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

10 X 4.099 = 40.99 + 5.39 + 18.95 = 65.33

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
25 ft	1/2" copper			7.95	198.75
2	1/2" flare nuts			2.95	5.90
1	3/4" sediment trap				40.00
1	cutoff valve				24.95
1	Rego B46R				89.95
1	Pigtail plug-in				20.00
1	RINNAI WATER HEATER	RE180	WCNA026952		1299.95

WORK PERFORMED: <u>set tank, run line to tankless water heater, no leaks.</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>MS</u>
	DATE CODE: <u>09B25</u> VENT: <u>down</u>	TANK RENT	<u>TR</u>
		comp fee	<u>CF</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE	SALES TAX	117.00	34.16	3.51	17.90
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:	LABOR	LB	270.00		
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	WH	1299.95			
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	GPC	200.00			
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	INV. TOTAL		2040.03		
X _____ CUSTOMER SIGNATURE	AMOUNT RECEIVED		200.00		

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

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY



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. 25343
Name Pett Thomas
Address 918 Jo St Court Rd
City, State, Zip Norman Park, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE180e			
Serial No.			WC UA-026952			
Fuel			LP			
BTU Rating			180,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.			ok			
Pilot(s)/Pilot Safety System			ok			
Ignition System(s): Mfr./Model No.			ok			
Thermostats: Mfr./Model No.			ok			
Burner(s)/Combustion Chamber			ok			
Venting System/Draft Diverter			ok			
Combustion Air			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-236360	CY TSA	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								
SECOND STAGE	1st	copper	1/2"	09B2025	Rego	ok	TR9	down	dome	PSIG 10
	2nd	black iron	3/4"	07C2025	Rego	ok	B46R	down	/	IN WC
THIRD STAGE										IN WC

SYSTEM LEAK TEST

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

Comments Set tank, run line to TWH, no leaks.

Reference Invoice No. 127290 Date 5/8/26

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)

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)