



5-18-26

Janie

NAME BRETT NORMAN RT# _____ RT. SEQ. _____ ACCT # 03.24608 DATE 5.15.26 INT DA

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 2407 SARDIS CH. RD APT/LOT NO. _____

CITY MOULTRIE STATE GA ZIP CODE 31788

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 _____

LOGS & STOVE & W/H

email: janie.norman@hotmail.com

cell # 404-285-2864

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: BRING RE180
& SET 120

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>120</u>	<u>1562124</u>	<u>0</u>	<u>AG ON SITE</u>					

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>RINNAI WATER HEATER</u>	<u>RE180</u>	<u>WC.UA.023198</u>		<u>1299 95</u>
<u>30</u>	<u>1/2 COPPER</u>				<u>238 50</u>
<u>2</u>	<u>FLARE NUTS</u>				<u>6 90</u>
<u>1</u>	<u>B46R</u>				<u>97 95</u>
<u>1</u>	<u>SEDIMENT TRAP</u>				<u>60 00</u>
<u>2</u>	<u>CUTOFF VALVES</u>				<u>59 95</u>
<u>40</u>	<u>FLEX CONNECTORS</u>				<u>119 80</u>
<u>7</u>	<u>MIP</u>				<u>27 65</u>

WORK PERFORMED: <u>Set 120, Ran gas line</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE																									
<u>to house - installed Rinnai,</u>	MAKE: <u>REGO</u>	MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>WH 1299.95</u>																								
<u>stove & logs</u>	DATE CODE: <u>09B2025</u>	VENT: <u>DOWN</u>	TANK RENT	<u>MP 610.75</u>																								
SVC MAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				<u>MS 63.65</u>																								
SVC MAN TO COMPLETE IN PRESENCE OF CUSTOMER:				<u>CR 18.95</u>																								
LEAK AND PRESSURE TEST				SALES TAX _____ %																								
<table><tr><td>HIGH:</td><td>1st Stage</td><td>2nd Stage</td><td>LOW</td></tr><tr><td>START LOCK-UP:</td><td><u>10</u> PSI</td><td>PSI</td><td>START LOCK-UP:</td><td>W.C. LABOR</td></tr><tr><td>TANK OFF: PRESSURE</td><td><u>6</u> PSI</td><td>PSI</td><td>TANK OFF: PRESSURE</td><td>W.C.</td></tr><tr><td>AFTER 10 MINUTES: PRESSURE</td><td><u>6</u> PSI</td><td>PSI</td><td>AFTER 10 MINUTES: PRESSURE</td><td>W.C.</td></tr><tr><td>AS LEFT:</td><td><u>10</u> PSI</td><td>PSI</td><td>AS LEFT:</td><td>W.C.</td></tr></table>				HIGH:	1st Stage	2nd Stage	LOW	START LOCK-UP:	<u>10</u> PSI	PSI	START LOCK-UP:	W.C. LABOR	TANK OFF: PRESSURE	<u>6</u> PSI	PSI	TANK OFF: PRESSURE	W.C.	AFTER 10 MINUTES: PRESSURE	<u>6</u> PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.	AS LEFT:	<u>10</u> PSI	PSI	AS LEFT:	W.C.	
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PIPING PRESSURE TEST				INV. TOTAL																								
START PSIG FINISH PSIG				<u>2433.61</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

5.15.2026 DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger Moultrie
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 03-24608
Name Janie Norman
Address 2401 Sanders Ln Rd
City, State, Zip New Hope, GA
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		SUPERIOR	RINNAI	GE		
Model No.		VD1824PR	RE180LP	BGS600AVAFS		
Serial No.		10009475	WCUA-023198	GD044957Q		
Fuel		LP	LP	LP		
BTU Rating		36K	180K	69K		
Manual Shut-off (Installed/Existing)		INSTALLED	INSTALLED	EXISTS		
Sediment Trap (Installed/Existing)		—	INSTALLED	—		
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	
120	1562124	QUALITY	2025	2025	AG on SITE	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								
SECOND STAGE	1st	COPPER	1/2	09B 2025	REGO	OK	TRA	DOWN	DOME	PSIG 10 PSIG
	2nd	B/I → TRAC	3/4 → 1/2	07C 2025	REGO	OK	B46R	DOWN	—	11 IN WC 13 IN WC
THIRD STAGE										IN WC 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	10m	OK
	2nd				
THIRD STAGE					

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.

(Customer's Signature)

Comments _____

Reference Invoice No. 128628 Date 5.15.2025

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

(Service Technician's Signature)