



5-20-20

NAME David Powell RT# _____ RT. SEQ. _____ ACCT # 03-24853 DATE 5.19.2026 INT APR

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 181 GREY POWELL LN 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 _____

email: dpwarrior24@hotmail.com
cell # 770-815-2459
PAY BILL ONLINE @congerlpgas.com

Hang RE180 & Hook into existing gas line

DIRECTIONS:

(1/2" Trac & 1 Tee)

CONTACT: CHRIS WALDEN
229 798 0350

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	3/4" x 1/2" Trac tee				101.95
3ft	1/2" trac				23.85
1	3/4" sediment trap				40.00
1	1/2" trac straight fitting				39.95
	Rinnai RE180e	RE180e	WB.UA-012092		1299.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	PARTS/MAT. USED	
	DATE CODE: _____ VENT: <u>down</u>	TANK BENT	

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			LEAK AND PRESSURE TEST		SALES TAX
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	HIGH:	1st Stage	2nd Stage	LOW	_____ %
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP:	10 PSI	PSI	START LOCK-UP:	W.C. LABOR
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.
	AFTER 10 MINUTES:	6 PSI	PSI	AFTER 10 MINUTES:	W.C.
	PRESSURE AS LEFT:	10 PSI	PSI	PRESSURE AS LEFT:	W.C.
X	PIPING PRESSURE TEST				INV. TOTAL
CUSTOMER SIGNATURE	START	PSIG	FINISH	PSIG	AMOUNT RECEIVED

WT# 1299.95
MP 205.75
MS 23.15
CR 18.95
117.00
18.52
200.00
LB 180.00
(GAC 200.00)
1867.11
200.00
1867.11

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.

CS

SERVICE REP. SIGNATURE

5/19/2026

DATE

X

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 03-24853
Name David Powell
Address 181 Grey Powell Ln
City, State, Zip Moultrie Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Hearthrite	Rinnai	GE		
Model No.		HRW060ML-1	RE180e	GGF600AV2SS		
Serial No.		RM2516007313	WB.VA-012092	HA038005Q		
Fuel		LP	LP	LP		
BTU Rating		6,000	180,000	73,000		
Manual Shut-off (Installed/Existing)		ex.	installed	ex.		
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	
123	U-229978	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	Poly	3/4"	10B2025	Rego	OK	TR9	down	dome	PSIG	10 PSIG
	2nd	Trac	3/4"	08E2025	Rego	OK	B46R	down	/	IN WC	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			
	2nd			
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

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

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.