



5-26-26

NAME Rob Jones RT# _____ RT. SEQ. _____ ACCT # 03-16873 DATE 5-14-26 INT 12

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 434 moye rd APT/LOT NO. _____

CITY Norman Park STATE CA ZIP CODE 91771

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: 456 7999

cell # 909-776-7336

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

ready for Water Heater

DIRECTIONS:



TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	120	1A100238			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
204	3/8" copper				119.00
2	3/8" fl union			1.95	3.90
1	Rego B46R				97.95
1	3/4" Sediment trap (2 tees)				60.00
1	cutoff valve				24.95
1	3/4" x 3/8" MIP				3.95
7	3/8" flare nut			1.95	13.65
1	1/2" x 3/8" MIP				3.95
1	KINNA WATER HEATER	RE180	WCUA-023209		1399.95

WORK PERFORMED: Installed Rinnai & run line.

REGULATION INFORMATION

MAKE: Rego MODEL: TR9
DATE CODE: 09B1025 VENT: down

APPLIANCES/EQUIP. SOLD

PARTS/MAT. USED

TANK RENT

SALES TAX

LABOR

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

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.

CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST

HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	10 PSI	PSI	START LOCK-UP:
TANK OFF: PRESSURE	6 PSI	PSI	TANK OFF: PRESSURE
AFTER 10 MINUTES:	6 PSI	PSI	AFTER 10 MINUTES:
PRESSURE AS LEFT:	10 PSI	PSI	PRESSURE AS LEFT:

PIPING PRESSURE TEST

START PSIG FINISH PSIG

SALES TAX

LABOR

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

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



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 03-16873
Name Rob Jones
Address 431 Moye 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-023209			
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	
120	1A100238	American	1989	1989	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	3/8"	09B2025	Rego	ok	TR9	down	dome	PSIG 10
	2nd	black iron	3/4"	07C2025	Rego	ok	B46R	down		IN WC IN WC
THIRD STAGE										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	10min	ok
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 5/20/2026

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)

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)