

NAME Michael Sumler RT# _____ RT. SEQ. _____ ACCT # 03-25363 DATE 5-13-26 INT 10

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1750 Smithwick Bridge rd APT/LOT NO. _____

CITY monroe 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 _____

email: Sumlerb@yahoo.com

cell # 229-305-2557

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Set 250 for Generator + Hang Hot Water Heater

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>Set</u>	<u>250</u>	<u>1547340</u>	<u>10gal</u>						
<u>10 x 3.849 = 38.49 + 5.17 + 18.95 = 62.61</u>									

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>2</u>	<u>fl nuts 1/2"</u>	<u>1</u>		<u>2.95</u>	<u>5.90</u>
<u>10ft</u>	<u>1/2" copper</u>			<u>7.95</u>	<u>79.50</u>
<u>1</u>	<u>Generator manifold</u>				<u>60.00</u>
<u>1</u>	<u>3rd sediment trap</u>				<u>40.00</u>
<u>1</u>	<u>Rego B46R</u>				<u>97.95</u>
<u>2</u>	<u>1/2 x 1/2 copper sent</u>			<u>94.95</u>	<u>189.90</u>
<u>110ft</u>	<u>1/2" poly</u>			<u>0.85</u>	<u>93.50</u>
	<u>misc black iron</u>				<u>30.00</u>
<u>1</u>	<u>3/4" flange</u>				<u>49.95</u>

WORK PERFORMED: set tank, run line to house for TWH + generator.

REGULATION INFORMATION
MAKE: Rego MODEL: TR9
DATE CODE: 09B2025 VENT: down

APPLIANCES/EQUIP. SOLD CODE WH 1899.95
PARTS/MAT. USED MP 946.60
TANK RENT MS 94.60
CP 18.95

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.

X _____
CUSTOMER SIGNATURE

LEAK AND PRESSURE TEST			
HIGH:	1st Stage	2nd Stage	LOW
START LOCK-UP:	<u>10</u> PSI	<u>PSI</u>	START LOCK-UP: _____ W.C.
TANK OFF: PRESSURE	<u>6</u> PSI	<u>PSI</u>	TANK OFF: PRESSURE _____ W.C.
AFTER 10 MINUTES:	<u>6</u> PSI	<u>PSI</u>	AFTER 10 MINUTES: _____ W.C.
PRESSURE AS LEFT:	<u>10</u> PSI	<u>PSI</u>	PRESSURE AS LEFT: _____ W.C.

PIPING PRESSURE TEST			
START	PSIG	FINISH	PSIG

SALES TAX _____ %
121.00
85.19
1.21
1.80
13.50
LB 630.00
EQ 150.00
TR 20.00
GPC 200.00
INV. TOTAL 3904.42
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.

4104.42

SERVICE REP. SIGNATURE

DATE

X

CUSTOMER SIGNATURE



INVOICE /
WORK ORDER NO.

NAME Michael Sanger RT# _____ RT. SEQ. _____ ACCT# 55500 DATE _____ INT _____

[illegible][illegible]

ADDITIONAL COMMENTS

REGULATOR INFORMATION			MAKE:			MODEL:			DATE CODE:			VENT:		
LEAK AND PRESSURE TEST		START LOCK UP:	PSI	TANK OFF PRESSURE:	PSI	AFTER 10 MINUTES:	PSI	PRESSURE AS LEFT:	PSI	PIPING PRESSURE TEST				
		STOCK LOCK UP:	W.C.	TANK OFF PRESSURE:	W.C.	AFTER 10 MINUTES:	W.C.	PRESSURE AS LEFT:	W.C.	START	PSIG	FINISH	PSIG	

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING/OFFICE 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 03-25363Name Michael SoulerAddress 1250 Samitwick Bridge RdCity, State, Zip Moultrie GA

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6
Manufacturer			Rinnai			Generac
Model No.			RX199i			G0073250
Serial No.			TG.BA-156858			3019213139
Fuel			LP			LP
BTU Rating			199,000			337,500
Manual Shut-off (Installed/Existing)			installed			installed
Sediment Trap (Installed/Existing)			installed			installed
Control Mfr./Model No.			OK			OK
Pilot(s)/Pilot Safety System			OK			OK
Ignition System(s): Mfr./Model No.			OK			OK
Thermostats: Mfr./Model No.			OK			OK
Burner(s)/Combustion Chamber			OK			OK
Venting System/Draft Diverter			OK			OK
Combustion Air			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	1547340	Quality	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"	08E2025	Rego	OK	B46R	down		11.5 IN WC 13 IN WC
THIRD STAGE		trac	3/4"	03E2024	Rego	OK	Y46R	down		IN WC IN WC

SYSTEM LEAK TEST

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

Comments _____

_____Reference Invoice No. _____ Date 5/20/2026I, 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.