



congerlpgas.com

INVOICE / WORK ORDER NO.

120238

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

306 S. Main St.
Sylvester, GA 31791
(229) 776-7336

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 Building Valdosta RT# _____ RT. SEQ. _____ ACCT # 20871 DATE 4-27-26 INT _____
231 Northside 31602

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 3033 Mary Powell APT/LOT NO. _____
CITY hahira STATE Ga ZIP CODE _____

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: buildingvaldosta@gmail.com
cell # 229-740-0978
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:
10 Gallons

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>120</u>	<u>1560892</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>10'</u>	<u>1/2 copper</u>				<u>57 20</u>
<u>2</u>	<u>1/2 Flare nut</u>				<u>5 90</u>
<u>1</u>	<u>1/2 cut off</u>				<u>19 99</u>
<u>1</u>	<u>1/4 ER</u>				<u>103 95</u>
<u>2</u>	<u>3/4 Close</u>				<u>3 95</u>
<u>1</u>	<u>1/2 Close</u>				<u>1 95</u>
<u>1</u>	<u>3/4 T</u>				<u>4 95</u>
<u>2</u>	<u>Drip legs</u>				<u>64 00</u>
<u>2</u>	<u>3/4 Strt L</u>				<u>4 90</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	SALES AMOUNT
	MAKE: _____ MODEL: _____	PARTS/MAT. USED	<u>WH</u>	<u>1999.90</u>
	DATE CODE: _____ VENT: _____	TANK RENT	<u>MP</u>	<u>911.02</u>
			<u>MS</u>	<u>81.66</u>
			<u>CF</u>	<u>18.95</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		SALES TAX	AMOUNT
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		<u>159.99</u>	<u>72.88</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		<u>6.53</u>	<u>1.52</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>			
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.			
X _____ CUSTOMER SIGNATURE			
HIGH: 1st Stage 2nd Stage LOW			
START LOCK-UP: _____ PSI	START LOCK-UP: _____ PSI	LABOR <u>2 2.5</u>	<u>450 00</u>
TANK OFF: PRESSURE _____ PSI	TANK OFF: PRESSURE _____ PSI	<u>Kinnai Rebate</u>	<u>(200.00)</u>
AFTER 10 MINUTES: PRESSURE AS LEFT: _____ PSI	AFTER 10 MINUTES: PRESSURE AS LEFT: _____ PSI	<u>GPC Rebate</u>	<u>(200.00)</u>
PIPING PRESSURE TEST		INV. TOTAL	<u>3702.45</u>
START _____ PSIG	FINISH _____ PSIG	AMOUNT RECEIVED	

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.

[Signature] SERVICE REP. SIGNATURE 4-27-26 DATE [Signature] CUSTOMER SIGNATURE



Residential Gas Appliance System Check

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

Account Number _____
 Name J.D. Yeager
 Address 3033 Mary Powell
 City, State, Zip _____
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		Binnai	Binnai	Whirlpool		
Model No.		Bello	Bello	W5667530B70		
Serial No.		WL4A-022361	WL4A-154881	RF1127589		
Fuel		LP	LP	LP		
BTU Rating		160,000	160,000	65,500		
Manual Shut-off (Installed/Existing)		inst	inst	inst		
Sediment Trap (Installed/Existing)		inst	inst	-		
Control Mfr./Model No.		-	-	-		
Pilot(s)/Pilot Safety System		OK	OK	OK		
Ignition System(s): Mfr./Model No.		electric	electric	electric		
Thermostats: Mfr./Model No.		-	-	-		
Burner(s)/Combustion Chamber		open	open	open		
Venting System/Draft Diverter		open	open	open		
Combustion Air		ambi	ambi	ambi		
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	1560892	Quality	2023	2026	back	OK	OK	OK	OK	OK	OK	23	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								IN WC	IN WC		
SECOND STAGE	1st	Copper	1/2	060225	Rego	OK	TRA	hor	lid	10	PSIG	10	PSIG
	2nd	C55+	3/4	020224	↓	OK	Y46R	vert	none	2PSI	IN WC	2PSI	IN WC
THIRD STAGE		Black	3/4	09A23	↓	OK	B46R	vert	none	11	IN WC	13	IN WC

SYSTEM LEAK TEST				
SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE 1st				
SECOND STAGE 2nd				
THIRD STAGE	8	8	10min	OK

Comments _____

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.

Reference Invoice No. _____ Date 4-27-26
 I, Seth Weeks (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)

_____ (Customer's Signature)