



congerlpgas.com

INVOICE / WORK ORDER NO.

120397

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 JMC Construction RT# _____ RT. SEQ. _____ ACCT# 23592 DATE 5-20-26 INT RM

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 3305 Plantation Dr APT/LOT NO. _____

CITY Valdosta STATE GA ZIP CODE _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: johnathanmyers25@gmail.com
cell # 229-506-0375

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

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>T/S</u>	<u>120</u>	<u>1560888</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>35'</u>	<u>1 1/2" copper</u>				<u>157 5</u>
<u>6</u>	<u>1 1/2" fl nuts</u>				<u>17 70</u>
<u>2</u>	<u>3/4" BT tee</u>				<u>9 90</u>
<u>1</u>	<u>3/4" x 1/2" fl mp</u>				<u>4 95</u>
<u>1</u>	<u>1/2" fl x 3/4" flp</u>				<u>3 95</u>
<u>1</u>	<u>1/2" fl x 3/4" nipple</u>				<u>6 95</u>
<u>2</u>	<u>3/4" poly couplings</u>				<u>105 90</u>
<u>2</u>	<u>3/4" poly transition</u>				<u>82 00</u>
<u>150'</u>	<u>3/4" poly</u>				<u>99 37</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Trenched gas lines,</u>	MAKE: _____ MODEL: _____	<u>WA</u>	<u>999.95</u>
<u>T/S, hooked up appliances</u>	DATE CODE: _____ VENT: _____	<u>AP</u>	<u>599.95</u>
		<u>MP</u>	<u>876.67</u>

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:	PSI	PSI	START LOCK-UP:	W.C.
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.
		PIPING PRESSURE TEST				INV. TOTAL
X _____ CUSTOMER SIGNATURE		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.

Colt Truitt
SERVICE REP. SIGNATURE

5-20-26
DATE

x

CUSTOMER SIGNATURE



2310-B Highway 84 W
Valdosta, GA 31602
(229)469-4250

120397

NAME JMC Construction

RT # _____ RT. SEQ. _____ ACCT # _____ 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 PSI

WHITE/FILE COPY: YELLOW/CUSTOMER COPY: PINK/POSTING/OFFICE COPY



Residential Gas Appliance System Check

Company/Location Conger/valdosta
Call Date 5/20/26
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number _____
Name Johnathan Myers
Address 3305 Plantation Dr
City, State, Zip Valdosta, Ga
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Water Htr 6
Manufacturer		Everwarm	Rinnai			Rinnai
Model No.		EWPO7480PV	RE160e			RE199e
Serial No.		10034365	WD-4A-038717			WB-4A-012318
Fuel		LP	LP			LP
BTU Rating		37,000	160,000			199,000
Manual Shut-off (Installed/Existing)		installed	installed			installed
Sediment Trap (Installed/Existing)		—	installed			installed
Control Mfr./Model No.		—	—			—
Pilot(s)/Pilot Safety System		standing	electric			electric
Ignition System(s): Mfr./Model No.		spark	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	1560888	Quality	2025	2026	Right	New	New	New	New	New	New	2025	yes	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/Poly	1/2"/3/4"	1002025	Rego	New	TRA	Down	Done	9.5 PSIG	10 PSIG
	2nd	CSSF	3/4"	09A2025	Rego	New	B4GR	Down	eve	11 IN WC	13 IN WC
THIRD STAGE		BI	3/4"	09A2025	Rego	New	B4GR	Down	eve	11 IN WC	13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st				
	2nd	9.0wc	9.0wc	10mins	ok
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 5/20/26

I, Cole Truett (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

- 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)

CL Truett
(Service Technician's Signature)