



NAME HARDEN MOBLEY RT# _____ RT. SEQ. _____ ACCT # 03-25369 DATE 5.29.26 INT OK

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 2 FLINT RIDGE RD. APT/LOT NO. _____

CITY MOULTRIE 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: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: _____

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
TS	120	1528564	28	AG					
$10 * 4.099 = 40.99 + 5.39 + 18.95 = 65.33$									

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Rinnai Water Heater	RX199	WA-BA-004744		1899 95
130	1/2 Poly				136 50
2	Copperset				199 90
10	1/2 Copper				79 95
4	Flare Nuts				14 00
1	Cutoff Valve				29 95
1	Sediment Trap				60
	Trencher Fee				150 00

WORK PERFORMED: <u>Trenched line to house</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
<u>Installed Rinnai</u>	MAKE: <u>REGO</u>	MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>WH</u>	1899.95
	DATE CODE <u>09B2025</u>	VENT: <u>Down</u>	TANK RENT	<u>MP</u>	522.30
				<u>MS</u>	87.51
				<u>CF</u>	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:	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	171.00
	4201
	258
	13.50
	90
LABOR	LD 450.00
	EQ 150.00
	TR 10.00
	GPC 200.00
INV. TOTAL	3246.04
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.

SERVICE REP. SIGNATURE

DATE

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger New York

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03-25369
Name Harden Mobley
Address 2 Flint Ridge Rd
City, State, Zip Moehne, OR
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>			
Model No.			<u>RX199eP</u>			
Serial No.			<u>WA-BA-004744</u>			
Fuel			<u>LP</u>			
BTU Rating			<u>199K</u>			
Manual Shut-off (Installed/Existing)			<u>Installed</u>			
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.			<u>OK</u>			
Pilot(s)/Pilot Safety System			<u>OK</u>			
Ignition System(s): Mfr./Model No.			<u>OK</u>			
Thermostats: Mfr./Model No.			<u>OK</u>			
Burner(s)/Combustion Chamber			<u>OK</u>			
Venting System/Draft Diverter			<u>OK</u>			
Combustion Air			<u>OK</u>			
Red Tag (removed from service)/Recall			<u>-</u>			

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	
<u>120</u>	<u>1528564</u>	<u>Quality</u>	<u>2024</u>	<u>2024</u>	<u>AG</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>24</u>	<u>OK</u>	<u>-</u>

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	Pony	1/2	09B2025	Rego	OK	TR9	Down	Dom	PSIG	10 PSIG
	2nd	B/E	3/4	08D2024	Rego	OK	B46R	Down	—	11 IN WC	13 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	<u>6</u>	<u>6</u>	<u>10m</u>	<u>OK</u>
	2nd				
THIRD STAGE					

Comments Set 120, Trenched line to house - installed w/HReference Invoice No. 128687 Date 5.29.2026

I, Taylor Newsome (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)