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as /

127324

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Tifton, GA 31794
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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 Timothy Hendrick RT# _____ RT. SEQ. _____ ACCT # 03-23299 DATE 2-23-26 INT 12

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 112 fairway dr APT/LOT NO. _____

CITY moultrie STATE GA ZIP CODE 31768

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

ready to schedule

DIRECTIONS:

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: Clarke@SouthernLkys.us

cell # 229-921-8187

PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL
<u>TS</u>	<u>120</u>	<u>562116</u>	<u>100%</u>	<u>10 gal</u>					
<u>10 * 4.099 = 40.99 + 5.39 + 18.95 = 65.33</u>									

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>01</u>	<u>Rinnai Water Heaters</u>	<u>RE199cp</u>	<u>ND.4A-041531</u>		<u>1599 95</u>
<u>55</u>	<u>3/4 Trac</u>				<u>547 25</u>
<u>2</u>	<u>3/4 Trac Straight</u>				<u>99 90</u>
<u>1</u>	<u>Ble Regulator</u>				<u>144 95</u>
<u>1</u>	<u>Sediment Trap</u>				<u>60 00</u>
<u>2</u>	<u>Cutoff Valves</u>				<u>59 90</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES / EQUIP. SOLD
<u>Set tank, ran line to</u>	MAKE: <u>Rego</u> MODEL: <u>TR9</u>	<u>1599.95</u>
<u>Rinnai + stub for stove.</u>	DATE CODE: <u>1082025</u> VENT: <u>down</u>	PARTS/MAT. USED: <u>MP 912 00</u>
		TANK RENT: <u>TR 10 00</u>
		<u>CE 18 95</u>

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:
TANK OFF: PRESSURE	<u>6</u> PSI	<u>PSI</u>	TANK OFF: PRESSURE
AFTER 10 MINUTES:	<u>6</u> PSI	<u>PSI</u>	AFTER 10 MINUTES:
PRESSURE AS LEFT:	<u>10</u> PSI	<u>PSI</u>	PRESSURE AS LEFT:

PIPING PRESSURE TEST

START	PSIG	FINISH	PSIG
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SALES TAX _____ %

LABOR LB 360 00

MS 76 32

2 GPC 200 00

INV. TOTAL 3078.11

AMOUNT RECEIVED 200.00

3278.11

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



Safeguarding you and your propane system

Residential Gas Appliance System Check

Account Number 03-25299
Name Timothy Hendrick
Address 112 Fairway Dr
City, State, Zip Moultrie, GA 31768
Telephone: Office Home

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

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE199e			
Serial No.			WD.VA-041531			
Fuel			LP			
BTU Rating			199,000			
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	1562116	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"	10B2025	Rego	OK	TR9	down	dome	PSIG 10
	2nd	trac	3/4"	04D2024	Rego	OK	B6	down		IN WC
THIRD STAGE										IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		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 _____

I, Conger 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

C.S.
(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)