



congerlpgas.com

INVOICE / WORK ORDER NO.

122950

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 Owens Vinyl RT# RT. SEQ. ACCT # 20152 DATE 1/19/26 INT RM

MAILING ADDRESS CO. CITY NEW CUSTOMER INFORMATION
ADDRESS 224 Barry field APT/LOT NO. HOME PH RENT
CITY Hahira STATE Ga ZIP CODE 31632 WORK PH CREDIT
LITE PILOT PC
EMPLOYER
DR. USE LEASE

SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED
email:
cell #
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:
* 10 Gallons *

Table with columns: TANK PICKUP/SET, TANK SIZE, SERIAL #, TANK %, TANK DESTINATION, DOT PERMANENTLY INSTALLED CONTAINERS (MANUFACTURED DATE, LAST TEST DATE, SIZE, SERIAL #, % FULL)

Table with columns: QTY, APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED, MODEL #, SERIAL NUMBER, UNIT PRICE, SALES AMOUNT

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD, CODE, PARTS/MAT. USED, TANK RENT

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.
HIGH: 1st Stage 2nd Stage LOW
START LOCK-UP: PSI PSI START LOCK-UP: W.C. LABOR
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
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.
SERVICE REP. SIGNATURE DATE 1/19/26 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 John Owens

Address 224 Barry Field

City, State, Zip Hahira Ga

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			REL60E			
Serial No.			1211A-09/194			
Fuel			LP			
BTU Rating			160,000			
Manual Shut-off (Installed/Existing)			inst			
Sediment Trap (Installed/Existing)			inst			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			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	U-236338	industries	2025	2026	back	/	/	/	/	/	/	25	/	/

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								
1st	Copper	3/8	04B25	Rego	✓	TR4	Hor	1 1/2	10 PSIG	10 PSIG
2nd	Black	3/4	09A25	Rego	✓	B46R	vert	none	11 IN WC	13 IN WC
THIRD STAGE									IN WC	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	8	8	10 min	OK
THIRD STAGE				

Comments _____

Reference Invoice No. _____ Date _____

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)

I, _____ (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)