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INVOICE / WORK ORDER NO.

116787

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 Layton Brady RT# RT. SEQ. ACCT # 03-24442 DATE 12-30-25 INT 18

MAILING ADDRESS CO. CITY

ADDRESS 920-Son Norman rd APT/LOT NO.

CITY Norman Park STATE 31771 ZIP CODE GA

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

Set tank + Water Heater

email: laytonbrady@gmail.com cell # 229-823-2812 PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

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

WORK PERFORMED: Set 120, installed w/ht. Converted/installed stove. REGULATION INFORMATION: MAKE: Rego, MODEL: B9, DATE CODE: 05E2025, VENT: Down. APPLIANCES/EQUIP. SOLD: WH 1199.95, PARTS/MAT. USED: MP 864.50, TANK RENT: MS 73.47

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER: LEAK AND PRESSURE TEST. 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. PIPING PRESSURE TEST: START 13 PSI, FINISH 13 PSI. SALES TAX: 69.16, 5.88. LABOR: LB 360.00, TR 10.00. INV. TOTAL: 2562.27. AMOUNT RECEIVED: Gpc 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: [Signature] DATE: 12-30-25 CUSTOMER SIGNATURE: [Signature]