



congerlpgas.com

INVOICE / WORK ORDER NO.

117988

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 Firm Foundation RT# RT. SEQ. ACCT# 19908 DATE 1/19/26 INT DM

MAILING ADDRESS 5701 Northwind Blvd Valdosta, GA 31605 CO. CITY NEW CUSTOMER INFORMATION S.S. NO. DELV

ADDRESS 3897 Bear Hollow APT/LOT NO. WORK PH CREDIT HOME PH RENT LITE PILOT PC EMPLOYER

CITY Valdosta STATE GA ZIP CODE DR. USE LEASE

SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED 1-16-26 - 2 hours

email: Travis P...@gmail.com cell # 229-561-0082

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: 10 gal

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, PARTS/MAT. USED, TANK RENT, SALES TAX

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE. Includes sections for LEAK AND PRESSURE TEST and PIPING PRESSURE TEST.

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 / Valdosta
 Call Date _____
 Date GAS Check® Requested _____
 Call-Taker's Name _____
 Instructions _____

Account Number _____
 Name Dereck Shaw
 Address 3897 Bear Hollow
 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	6
Manufacturer			Binnai	Whirlpool		
Model No.			Belko	WFG30A3DC		
Serial No.			TH-4A-11422	VF51029696		
Fuel			LP	LP		
BTU Rating			130,000	75,000		
Manual Shut-off (Installed/Existing)			inst	inst		
Sediment Trap (Installed/Existing)			inst	-		
Control Mfr./Model No.			-	-		
Pilot(s)/Pilot Safety System			OK	OK		
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.			-	-		
Burner(s)/Combustion Chamber			open	open		
Venting System/Draft Diverter			open	open		
Combustion Air			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	U-229980	industrias	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							IN WC	PSIG	IN WC	PSIG
1st	Copper	1/2	041023	Rego	✓	TR9	Hor	1:2	10	PSIG	10	PSIG
2nd	Black	3/4	02024	Rego	✓	B46R	vert	None	11	IN WC	13	IN WC
THIRD STAGE	CSST	1/2	04K25	Rego	✓	Y46R	vert	None	2psi	IN WC	2psi	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
	9"	9"	10 min	yes
SECOND STAGE 1st				
2nd				
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.

I, Scott Weeks (please print name) certify that I have completed the System Check as prescribed.

- Performed Odor Test Yes No
- Performed Leak/Pressure Test Yes No
- Placed Safety Decal Yes No
- Left Consumer Safety Information and Material Yes No

 (Service Technician's Signature)

 (Customer's Signature)