



congerlpgas.com

INVOICE / WORK ORDER NO.

118185

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 Cynthia Conner RT# RT. SEQ. ACCT # 22620 DATE 11-13-25 INT

MAILING ADDRESS See Donald on Location. CO. CITY

ADDRESS 205 S Gordon St APT/LOT NO.

CITY Lake Park STATE GA ZIP CODE 31636

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: miataspeed97@gmail.com cell # 229-300-6824

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Ready for T/HWH, tie into Existing Line for fire place, up grade to a 2psi system, Add manifolds as needed.

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

Table with columns: SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE, SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER, LEAK AND PRESSURE TEST, PIPING PRESSURE TEST, SALES TAX, INV. TOTAL, AMOUNT RECEIVED

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION... Matt Ray 1-12-26



Residential Gas Appliance System Check

Account Number 04-22620
 Name Cynthia Conner
 Address 205 S Gordonst
 City, State, Zip Lake Park, GA 31636
 Telephone: Office _____ Home _____

Company/Location Conger/Valdosta
 Call Date 1-12-25
 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		Peterson	Rinnai			
Model No.		G10-2430	RE160e			
Serial No.		Same as last	TG.DA-098198			
Fuel		LP	LP			
BTU Rating		38,000	160,000			
Manual Shut-off (Installed/Existing)		Existing	Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System		standing spark	electric			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber		Ventfree	Open			
Venting System/Draft Diverter		Open	Open			
Combustion Air						
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	1525632	Quality	2024	2024	Back	good	good	good	good	good	good		YRC	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								
1st	Copper/poly	1/2 / 3/4	12 B 2023	Rego	good	TR9	Horizontal	Dome	PSIG	10 PSIG
2nd	CSST	1/2	06 D 25	Rego	N	Y46R	Down	Eve	1.5 PSI	2.0 PSI
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
1st	9.0wc	9.0wc	10	YES
2nd				
THIRD STAGE				

Comments take off B46R already on there.

Reference Invoice No. _____ Date 1-12-26

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, Cynthia Conner (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, Matt Colp (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

[Signature]
 (Service Technician's Signature)

(Customer's Signature)