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INVOICE / WORK ORDER NO.

123028

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 Cole Davis Construction RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 20995 DATE 1/13/26 INT TJ

MAILING ADDRESS 3286 S. Hutchinson Ave Adel, GA 31620 CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 4726 Dry Lake Rd APT/LOT NO. \_\_\_\_\_ CITY Dixie STATE GA ZIP CODE \_\_\_\_\_

NEW CUSTOMER INFORMATION S.S. NO. \_\_\_\_\_ DELV \_\_\_\_\_ HOME PH \_\_\_\_\_ RENT \_\_\_\_\_ WORK PH \_\_\_\_\_ CREDIT \_\_\_\_\_ LITE PILOT \_\_\_\_\_ PC \_\_\_\_\_ EMPLOYER \_\_\_\_\_ DR. \_\_\_\_\_ USE \_\_\_\_\_ LEASE \_\_\_\_\_

email: accounting@davisdcllc.com cell # 229-262-1179 PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED:  CASH  CHARGE DATE PROMISED \_\_\_\_\_

(Disc) 4 hours - 5 Guys - 12-31-25 10:00 AM (4-men) DA  
4 hour - 2 men - 1-2-26 12:00 PM

DIRECTIONS: Bury 250 underground, trench in poly pipe, tankless, stove-cut street Risk.  
Hang REL80

Brandon Goolsby - 229-506-0613 call on way

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
				MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL	
<u>Set</u>	<u>250</u>	<u>1349749</u>	<u>30</u>	<u>75 Gallons</u>					

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>140</u>	<u>1/2 CSST</u>				<u>833.00</u>
<u>2</u>	<u>1/2 maxitrol</u>				<u>89.90</u>
<u>4</u>	<u>1/2 straight</u>				<u>139.80</u>
<u>2</u>	<u>1/2 wall Flange</u>				<u>74.90</u>
<u>1</u>	<u>1/2 CSST T</u>				<u>74.95</u>
<u>1</u>	<u>1/2 CSST union</u>				<u>49.95</u>
<u>1</u>	<u>Rinnai</u>	<u>REL80</u>	<u>Th-4A-119733</u>		<u>1099.95</u>
<u>1</u>	<u>Driplog</u>				<u>31.50</u>
<u>20</u>	<u>3/8 copper</u>				<u>134.00</u>

WORK PERFORMED: <u>Bury Tank,</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE	
MAKE:	MODEL:	PARTS/MAT. USED		<u>AP 2599.00</u>
DATE CODE:	VENT:	TANK RENT		<u>WH 1099.95</u>
SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				<u>MP 2277.88</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:				<u>CF 18.95</u>

1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/> 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 <input type="checkbox"/> I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	LEAK AND PRESSURE TEST			SALES TAX	<u>207.95</u> <u>182.23</u> <u>23.99</u>	<u>72.00</u> <u>23.61</u> <u>1.52</u>	<u>88.00</u>
	HIGH:	1st Stage	2nd Stage				
<input checked="" type="checkbox"/> CUSTOMER SIGNATURE	START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR	<u>see notes</u>
	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.		<u>EQ 900.00</u>
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.		<u>PE 150.00</u>
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.		<u>MS 295.14</u>
PIPING PRESSURE TEST				INV. TOTAL	<u>01</u>	<u>299.93</u>	
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 [Signature] DATE 1/13/26 CUSTOMER SIGNATURE [Signature]  
Pinnai Rebate (200.00)  
GPC Rebate (200.00)





# Residential Gas Appliance System Check

Account Number \_\_\_\_\_  
 Name Cole Davis  
 Address 4726 Dora Lake Rd  
 City, State, Zip Dixie, GA, 31629  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Company/Location Conger LP Gas/Valdosta  
 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	GE Appliances		
Model No.			RE180e	GG56DLAV2FS		
Serial No.			TH.WA-119759	FA122088Q		
Fuel			LP	LP		
BTU Rating			180,000	70,000		
Manual Shut-off (Installed/Existing)			Inst	Inst		
Sediment Trap (Installed/Existing)			Inst			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System						
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.			electric	electric		
Burner(s)/Combustion Chamber						
Venting System/Draft Diverter			open	open		
Combustion Air			open	open		
Red Tag (removed from service)/Recall			ambi.	ambi.		

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	
250	1549749	Qty. Steel	2025	2026	B. Left	N	N	N	N	N	N	25	N	OK

COT

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	
1st	Copper	1/2"	05A2025	Rego	New	TR9	Hor.	Dome	10	PSIG	10	PSIG
2nd	Corrugated	1/2"	06D2025	Rego	New	V46R	Vert.	None	1	IN WC	2.5	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
1st	8	8	10 min	OK
2nd				
THIRD STAGE				

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

Reference Invoice No. \_\_\_\_\_ Date 1-2-26  
 I, Michael Steinbach (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)

\_\_\_\_\_ (Customer's Signature)