



congerlpgas.com

INVOICE / WORK ORDER NO.

122724

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 Nick McKeehan RT# RT. SEQ. ACCT # 0420152 DATE 1/2/26 INT RM

MAILING ADDRESS [Redacted] CO. CITY Job: 4420 Cornith Church Rd - McKeehan Job ADDRESS 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

email: ovensviny1@hotmail.com cell # 229-482-3375 PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: [] CASH [] CHARGE DATE PROMISED Hang 2- RE199eP, and hookup to gas lines.

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

Table with columns: WORK PERFORMED, REGULATION INFORMATION (MAKE, MODEL, DATE CODE, VENT), APPLIANCES/EQUIP. SOLD CODE, 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 (HIGH, START LOCK-UP, TANK OFF PRESSURE, AFTER 10 MINUTES, PRESSURE AS LEFT), PIPING PRESSURE TEST (START, FINISH), SALES TAX, LABOR, INV. TOTAL, 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 1/12/26 CUSTOMER SIGNATURE [Signature]



Residential Gas Appliance System Check

Company/Location Conger/Vadosta
 Call Date 1/12/76
 Date GAS Check® Requested _____
 Call-Taker's Name _____
 Instructions _____

Account Number _____
 Name Nick McKeehan
 Address 4420 Corinth Church rd
Lake Park, GA 31636
 City, State, Zip _____
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	Water Htr 6
Manufacturer			Rinnai			Rinnai
Model No.			RE199e			RE199e
Serial No.			TK4A-146194			TK4A-146192
Fuel			LP			LP
BTU Rating			199,000			199,000
Manual Shut-off (Installed/Existing)			installed			installed
Sediment Trap (Installed/Existing)			installed			installed
Control Mfr./Model No.			_____			_____
Pilot(s)/Pilot Safety System			electric			electric
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	

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	IN WC
SECOND STAGE	1st								PSIG	PSIG
	2nd								IN WC	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	9.0wc	9.0wc	10mins	OK
SECOND STAGE 2nd				
THIRD STAGE				

Comments Added two TWH to system. add to most recent safety check

Reference Invoice No. _____ Date 1/12/76

I, Cole Truett (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

Cole Truett
 (Service Technician's Signature)

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)