



congerlpgas.com

INVOICE / WORK ORDER NO.

122951

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 J Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 1/19/26 INT Per
H Murray

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 220 Barry field APT/LOT NO. _____
CITY Hahira STATE Ga ZIP CODE 31632

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: owensvinyl@hotmail.com
cell # 729-482-3375
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:
10 Gallons

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>120</u>	<u>4-229983</u>							

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai</u>	<u>Rellu</u>	<u>PG-4A-29597</u>		<u>899.95</u>
<u>1</u>	<u>B46R</u>				<u>60.75</u>
<u>1</u>	<u>Drip leg</u>				<u>31.50</u>
<u>1</u>	<u>1/2-3/8 cut off</u>				<u>15.07</u>
<u>15</u>	<u>3/8 copper</u>				<u>35.40</u>
<u>2</u>	<u>3/8 flare nut</u>				<u>4.86</u>
<u>1</u>	<u>Permit</u>				<u>77.62</u>

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	SALES AMOUNT
	MAKE: _____ MODEL: _____	<u>CODE</u>	<u>899.95</u>
	DATE CODE: _____ VENT: _____	<u>MP</u>	<u>150.56</u>
		<u>MS</u>	<u>18.03</u>
		<u>CF</u>	<u>18.95</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE		SALES TAX	SALES AMOUNT
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:			<u>12.04</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		<u>72.00</u>	<u>152.00</u>
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.			
X _____ CUSTOMER SIGNATURE			
HIGH: 1st Stage _____ 2nd Stage _____ LOW _____			
START LOCK-UP: _____ PSI _____	START LOCK-UP: _____ W.C. _____		<u>LABOR 1.5 150.00</u>
TANK OFF: PRESSURE _____ PSI _____	TANK OFF: PRESSURE _____ W.C. _____		<u>PE 77.62</u>
AFTER 10 MINUTES: PRESSURE _____ PSI _____	AFTER 10 MINUTES: PRESSURE _____ W.C. _____		<u>Rinnai Rebate (200.00)</u>
PRESSURE AS LEFT: _____ PSI _____	PRESSURE AS LEFT: _____ W.C. _____		<u>GC Rebate (200.00)</u>
PIPING PRESSURE TEST		INV. TOTAL	<u>1509.95</u>
START _____ PSIG	FINISH _____ PSIG	AMOUNT RECEIVED	<u>1402.95</u>

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.

[Signature]
SERVICE REP. SIGNATURE

1/19/26
DATE

X _____
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 John Owens
 Address 220 Barry Field
 City, State, Zip Hahira GA
 Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Binnai			
Model No.			Reliance			
Serial No.			17-6A-048197			
Fuel			LP			
BTU Rating			160,000			
Manual Shut-off (Installed/Existing)			inst			
Sediment Trap (Installed/Existing)			inst			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			electric			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			
Venting System/Draft Diverter			open			
Combustion Air			amb			
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	1-229483	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								
SECOND STAGE	1st	Copper 3/8	04B25	Rego	✓	TR9	Hor	lid	10 PSIG	10 PSIG
	2nd	Black 3/4	09A25	Rego	✓	B46R	vert	none	11 IN WC	13 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				
SECOND STAGE 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, Seth Weeks (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

Seth Weeks
 (Service Technician's Signature)

 (Customer's Signature)