



congerlpgas.com

INVOICE / WORK ORDER NO.

123040

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 Owens Vinyl RT# RT. SEQ. ACCT # 20162 DATE 1/13/26 INT RM

MAILING ADDRESS 14 Murray Blvd Lakeland, GA 31635 CO. CITY

ADDRESS 232 Barry Field APT/LOT NO.

CITY Mahira STATE GA ZIP CODE

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 # 229-482-3375 PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang RE160, put 3/8 copper line in ground and put pressure - call in permit. (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

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, 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 DATE 1/13/26 CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Company/Location Conger LP Gas / Valdosta

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Owen Vinyl

Address 237 Barry Field

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			Rinnai			
Model No.			Relio			
Serial No.			T6JA-01814			
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			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	
120	W-231340	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	
SECOND STAGE	1st	Copper	1/2	04B25	Rego	✓	TR4	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	8	8	10 min	OK
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 _____

I, Scott 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

 (Customer's Signature) _____
 (Service Technician's Signature)