



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 Melinda Allegood RT# RT. SEQ. ACCT # 03-24883 DATE 02-5-26 INT

MAILING ADDRESS PO Box 254 CO. CITY

ADDRESS 323 S. Peachtree St. APT/LOT NO.

CITY Doerun STATE GA ZIP CODE 31744

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: hmallegood@hotmail.com cell # 229-894-9030

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: needs gas

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, CODE

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE. Includes sections for LEAK AND PRESSURE TEST, PIPING PRESSURE TEST, and SALES TAX.

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. Includes signatures for Service Rep. and Customer.



# Residential Gas Appliance System Check

Company/Location Conner Northside  
Call Date \_\_\_\_\_

Account Number 03-24883  
Name Melinda Allegood  
Address 3235 Peachtree St  
City, State, Zip Dorran, GA 31744  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

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			
Model No.			RE180e			
Serial No.			RE-0A-084775			
Fuel			LP			
BTU Rating			180,000			
Manual Shut-off (Installed/Existing)			installed			
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.			ok			
Pilot(s)/Pilot Safety System			ok			
Ignition System(s): Mfr./Model No.			ok			
Thermostats: Mfr./Model No.			ok			
Burner(s)/Combustion Chamber			ok			
Venting System/Draft Diverter			ok			
Combustion Air			ok			
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
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	LEAK TEST
123	U-229979	CY TSA	2025	2025	AG	ok	ok	ok	ok	ok	ok	/	ok	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								
SECOND STAGE 1st	Copper	1/2"	04D2025	Rego	ok	TR9	down	dome	PSIG	10
SECOND STAGE 2nd	black iron	3/4"	07B2024	Rego	ok	B46R	down		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	6 psi	6 psi	10 min	OK
SECOND STAGE 2nd				
THIRD STAGE				

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

Reference Invoice No. 116647 Date 7-5-26

I, Conner Seabolt (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

Conner Seabolt

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.

Melinda Allegood (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.