

7-14-26

NAME Joe Pass RT# _____ RT. SEQ. _____ ACCT # 03-24886 DATE 6-22-26 INT ✓

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 123 Phillip Cansey rd APT/LOT NO. _____

CITY Decatur 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: joembassii@gmail.com

cell # 289-347-6281

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: 1/2 Poly & Trencher

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>LOT</u>	<u>250</u>	<u>25-2593</u>		<u>AG</u>	MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>1</u>	<u>Rinnai</u>	<u>RE160e</u>	<u>WE-VA-055296</u>		<u>1099 95</u>
<u>2</u>	<u>B46R</u>				<u>185 90</u>
<u>1</u>	<u>TR9</u>				<u>98 95</u>
<u>2</u>	<u>Sediment trap</u>				<u>80 00</u>
<u>1"</u>	<u>3/8 Copper</u>				<u>7 95</u>
<u>1"</u>	<u>1/2 Copper</u>				<u>7 95</u>
<u>4</u>	<u>3x flare nuts</u>				<u>7 80</u>
<u>1</u>	<u>Flare union</u>				<u>1 95</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE: <u>REGO</u>	MODEL: <u>LV4403TR9</u>	PARTS/MAT. USED	<u>WH</u>	<u>1099 95</u>
	DATE CODE: <u>07B2025</u>	VENT: <u>DOWN</u>	TANK RENT	<u>CE</u>	<u>18 95</u>
				<u>MP</u>	<u>380 50</u>
				<u>MS</u>	<u>664 56 45</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					SALES TAX	
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					____ %	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐	LEAK AND PRESSURE TEST					
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	HIGH:	1st Stage	2nd Stage	LOW		
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	START LOCK-UP:	<u>10</u> PSI	<u> </u> PSI	START LOCK-UP:	W.C.	LABOR
	TANK OFF: PRESSURE	<u>6</u> PSI	<u> </u> PSI	TANK OFF: PRESSURE	W.C.	
	AFTER 10 MINUTES:	<u>6</u> PSI	<u> </u> PSI	AFTER 10 MINUTES:	W.C.	
	PRESSURE AS LEFT:	<u>10</u> PSI	<u> </u> PSI	PRESSURE AS LEFT:	W.C.	
PIPING PRESSURE TEST					INV. TOTAL	
START PSIG FINISH PSIG					<u>200 - 00</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.

SERVICE REP. SIGNATURE [Signature] DATE 7/1/26 CUSTOMER SIGNATURE [Signature]



Residential Gas Appliance System Check

Company/Location Conger Moultrie
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 03-24886
Name Joe Bass
Address 123 Phillip consey rd
City, State, Zip Dover, GA 31744
Telephone: Office _____ Home (229) 342-6251

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer	CAL/BDP		Rinnia			
Model No.	P44GNAK3609DAA		RE160e			
Serial No.	3423F48413		WEUA-055296			
Fuel	LP		LP			
BTU Rating	90K		160K			
Manual Shut-off (Installed/Existing)	Installed		OK			
Sediment Trap (Installed/Existing)	Installed		Installed			
Control Mfr./Model No.	OK		OK			
Pilot(s)/Pilot Safety System	OK		OK			
Ignition System(s): Mfr./Model No.	OK		OK			
Thermostats: Mfr./Model No.	OK		OK			
Burner(s)/Combustion Chamber	OK		OK			
Venting System/Draft Diverter	OK		OK			
Combustion Air	Amb		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	
250	25-2593	Atlas	1973		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	DTB2025	REGIO	OK	TR9	DOWN	DOME	PSIG 10 PSIG
	2nd	black Copper Iron	3/4	10B2025	REGIO	OK	B46R	DOWN	/	IN WC 11 IN WC
THIRD STAGE		black Iron	3/4		REGIO	OK	B46R	DOWN	/	11.5 IN WC 13 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	6	6	10 min	OK
	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, Brandon Cochran (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)