



NAME Lisias Ransan RT# _____ RT. SEQ. _____ ACCT # 03-23338 DATE 6.29.26 INT PA

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 24 Cherokee Rd APT/LOT NO. _____

CITY Moultrie STATE Ga ZIP CODE 31768

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: lisias77@gmail.com

cell # 561 866 2214

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>120</u>	<u>496293</u>		<u>On Site</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 Water Heater RE199e</u>	<u>WD. UA-046259</u>			<u>1599 95</u>

WORK PERFORMED: <u>Replaced water heater</u>	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
<u>Struck by lightning - No leaks</u>	MAKE: <u>Ringo</u>	MODEL: <u>TR9</u>	PARTS/MAT. USED		
	DATE CODE: <u>09-2019</u>	VENT: <u>Down</u>	TANK RENT		

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

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 03-23338
Name Leitas Hanson
Address 24 Cherokee Rd
City, State, Zip Moltre OK
Telephone: Office _____ Home _____

Company/Location Conger Moltre
Call Date _____
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		Peterson	Rinnai	KitchenAid		
Model No.		6102430DNP	RE199e	NR		
Serial No.		1690666	NDUA-046259	NR		
Fuel		LP	LP	LP		
BTU Rating		37K	199K	70K		
Manual Shut-off (Installed/Existing)		EXISTS	EXISTS	EXISTS		
Sediment Trap (Installed/Existing)		-	EXISTS	-		
Control Mfr./Model No.		OK	OK	OK		
Pilot(s)/Pilot Safety System		OK	OK	OK		
Ignition System(s): Mfr./Model No.		OK	OK	OK		
Thermostats: Mfr./Model No.		OK	OK	OK		
Burner(s)/Combustion Chamber		OK	OK	OK		
Venting System/Draft Diverter		OK	OK	OK		
Combustion Air		OK	OK	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 LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
120	496293	Manchester	2020	2020	A6	OK	OK	OK	OK	OK	OK	20	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	09.2019	Rego	OK	TR9	Down	Dome	PSIG 10
	2nd	Trac	1/2	04E2024	Rego	OK	Y46R	Down	-	IN WC
THIRD STAGE		Trac	1/2		Maxitrol	OK	325-3L	Horizontal	11	IN WC 13

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE (INCHES WC)		END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
	1st	2nd			
SECOND STAGE	6	6	10m	OK	
THIRD STAGE					

Comments Replaced w/h - Struck by lightning
No leaks in system

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 6.29.2024

I, Taylor Newsome (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)