

129935

NAME Richie Turner RT# _____ RT. SEQ. _____ ACCT # 03-25970 DATE 7-14-26 INT TN

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 21 Old Tram APT/LOT NO. _____

CITY Moultrie STATE Ga ZIP CODE 31788

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV. _____
HOME PH. _____ RENT. _____
WORK PH. _____ CREDIT _____
LITE PILOT _____ PC _____
EMPLOYER _____
DR. _____ USE _____ LEASE _____

email: banturner12@gmail.com
cell # 229-823-2146

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Hang 2 RX199 & hook up gas

DIRECTIONS: (Elkin Chapman Job)

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
	<u>120</u>	<u>1585669</u>		<u>AG 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</u>	<u>RX199iP</u>	<u>WA.BA-004981</u>		<u>1899 95</u>
<u>1</u>	<u>Rinnai Water Heater</u>	<u>RX199iP</u>	<u>WA.BA-004832</u>		<u>1899 95</u>
<u>1</u>	<u>3/4 Trac Tee</u>				<u>109 95</u>
<u>2</u>	<u>Sediment Trap</u>				<u>100 00</u>
<u>2</u>	<u>3/4 Trac Straight</u>				<u>99 90</u>

WORK PERFORMED: <u>Installed 2 Rinnais in attic - No leaks</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
MAKE: <u>Rego</u>	MODEL: <u>TR9</u>	PARTS/MAT. USED	<u>WH</u>
DATE CODE: <u>0402025</u>	VENT: <u>Down</u>	TANK RENT	<u>WH</u>
			<u>WH</u>
			<u>CE</u>

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	%	<u>171.00</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐	START LOCK-UP: <u>10</u> PSI	LABOR	<u>450 00</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE <u>6</u> PSI		<u>45 99</u>
	AFTER 10 MINUTES: <u>6</u> PSI		<u>400 00</u>
	PRESSURE AS LEFT: <u>10</u> PSI		
	PIPING PRESSURE TEST	INV. TOTAL	<u>4599.95</u>
	START PSIG FINISH PSIG	AMOUNT RECEIVED	<u>400.00</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

7.14.2026
DATE

CUSTOMER SIGNATURE



Safeguarding you and your propane system

Residential Gas Appliance System Check

Company/Location Conger Moor Unit

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03-25970

Name Richie Turner

Address 21 Old Trn

City, State, Zip Moorhead, MN 56128

Telephone: Office _____

Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	~~Water~~ Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		<u>Rinnai</u>	<u>Rinnai</u>	<u>Wolf</u>		
Model No.		<u>Rx199i</u>	<u>Rx199i</u>	<u>CG365PSLP</u>		
Serial No.		<u>WA.BA-004981</u>	<u>WA.BA-004832</u>	<u>18922788</u>		
Fuel		<u>LP</u>	<u>LP</u>	<u>LP</u>		
BTU Rating		<u>199K</u>	<u>199K</u>	<u>58K</u>		
Manual Shut-off (Installed/Existing)		<u>Installed</u>	<u>Installed</u>	<u>Exists</u>		
Sediment Trap (Installed/Existing)		<u>Installed</u>	<u>Installed</u>	<u>-</u>		
Control Mfr./Model No.		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Pilot(s)/Pilot Safety System		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Ignition System(s): Mfr./Model No.		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Thermostats: Mfr./Model No.		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Burner(s)/Combustion Chamber		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Venting System/Draft Diverter		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Combustion Air		<u>OK</u>	<u>OK</u>	<u>OK</u>		
Red Tag (removed from service)/Recall		<u>-</u>	<u>-</u>	<u>-</u>		

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	
<u>120</u>	<u>1525669</u>	<u>Quality</u>	<u>2024</u>	<u>2024</u>	<u>Agon Sta</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>24</u>	<u>OK</u>	<u>-</u>

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	IN WC
SECOND STAGE	1st	Poly	1/2	0402025	Rego	Ok	TR9	Down	Down	PSIG	10 PSIG
	2nd	Trac	3/4 & 1/2	04024	Rego	Ok	B6	Down	-	12.5 IN WC	15 IN WC
THIRD STAGE										IN WC	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	<u>6</u>	<u>6</u>	<u>10m</u>	<u>OK</u>
	2nd				
THIRD STAGE					

Comments Installed 2 N/A in attic

Reference Invoice No. 129935 Date 7.14.2026

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

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.

(Customer's Signature)

(Service Technician's Signature)