



congerlpgas.com

INVOICE / WORK ORDER NO.

120162

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 Danny Griffin RT# _____ RT. SEQ. _____ ACCT # 25759 DATE 6-16-26 INT 10A

MAILING ADDRESS _____ CO. _____ CITY _____

Job: _____
ADDRESS 951 S Lakushore Dr. APT/LOT NO. _____

CITY Valdosta STATE GA ZIP CODE 31605

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: _____
cell # 229-402-2961
PAY BILL ONLINE @congerlpgas.com

DIRECTIONS: Hang RXP 199 w/ Cap, run line?
Converted Rinnai EXP 199 to LP!
2 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>TS</u>	<u>120</u>	<u>U-229980</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
<u>100'</u>	<u>1/2" true pipe</u>				<u>695.00</u>
<u>1</u>	<u>1/2" true tee</u>				<u>74.95</u>
<u>1</u>	<u>1/2" straight in</u>				<u>39.45</u>
<u>1</u>	<u>1/2" cutoff</u>				<u>24.95</u>
<u>1</u>	<u>1/2" wall flange</u>				<u>39.45</u>
<u>1</u>	<u>Rinnai TWH</u>	<u>RXP199</u>	<u>TCBA-05644</u>		<u>2499.95</u>
<u>1</u>	<u>Permit</u>				<u>77.62</u>

WORK PERFORMED: <u>T/S and run lines</u>	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE
<u>for inspection</u>	MAKE:	MODEL:	PARTS/MAT. USED	<u>WH 2499.95</u>
	DATE CODE:	VENT:	TANK RENT	<u>MP 879.80</u>
				<u>MS 85.19</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE					<u>CF</u>	<u>18.95</u>
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					SALES TAX	<u>200.00</u>
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐					<u>64.80</u>	<u>10.38</u>
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 ☐						<u>1.52</u>
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.					LABOR	<u>36</u>
X _____						<u>540.00</u>
CUSTOMER SIGNATURE					PE	<u>77.62</u>
					<u>T/S</u>	<u>10.00</u>
					<u>DO</u>	<u>8.00</u>
					INV. TOTAL	<u>4399.62</u>
					AMOUNT RECEIVED	<u>Rinnai Rebate (100.00)</u>
						<u>GAC Rebate (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.

Cl. Taha
SERVICE REP. SIGNATURE

6/14/26
DATE

x

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 25759
Name Daniel Griffin
Address 951 S. Lakeshore Drive
City, State, Zip Valdosta, GA 31605
Telephone: Office _____ Home _____

Company/Location Conger Gas
Call Date 6-19-26
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			<u>Rinnai</u>			
Model No.			<u>RXP199i</u>			
Serial No.			<u>TC.BA-058443</u>			
Fuel			<u>LP</u>			
BTU Rating			<u>199,000</u>			
Manual Shut-off (Installed/Existing)			<u>Installed</u>			
Sediment Trap (Installed/Existing)			<u>Installed</u>			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			<u>Electric</u>			
Ignition System(s): Mfr./Model No.			<u>Electric</u>			
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			<u>Open</u>			
Venting System/Draft Diverter			<u>Open</u>			
Combustion Air			<u>Ambien</u>			
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	
<u>1000</u>	<u>1548119</u>	<u>Quality</u>	<u>2025</u>	<u>2626</u>	<u>Back</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>25</u>	<u>Yes</u>	<u>OK</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								
SECOND STAGE	1st <u>Copper</u>	<u>1/2</u>	<u>0326</u>	<u>Rego</u>	<u>New</u>	<u>TR9</u>	<u>Hor</u>	<u>Lid</u>	<u>10</u> PSIG	<u>10</u> PSIG
	2nd <u>Black</u>	<u>3/4</u>	<u>0825</u>	<u>Rego</u>	<u>New</u>	<u>BYHLL</u>	<u>Vert</u>	<u>NONE</u>	<u>11</u> IN WC	<u>13</u> 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>9.0</u>	<u>9.0</u>	<u>10</u>	<u>Yes</u>	
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. 120126 Date 6-19-26

I, Matt Ray (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)