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INVOICE / WORK ORDER NO.

119912

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 Owens Vinyl RT# _____ RT. SEQ. _____ ACCT # 20152 DATE 7-10-26 INT RM

MAILING ADDRESS _____ CO. _____ CITY _____
ADDRESS 5378 Hamilton Green APT/LOT NO. _____
CITY Valdosta STATE GA ZIP CODE _____

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: owensvinyl@hotmail.com

cell # 229-482-3375

PAY BILL ONLINE @congerlpgas.com

DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	Binnai	RX160in	TK.BA-253358		1299.95

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/ EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	MS	6.00
	DATE CODE:	VENT:	TANK RENT		

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE						
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					SALES TAX	
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 ☐					%	104.90
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐						1.52
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	HIGH:		1st Stage	2nd Stage	LOW	
	START LOCK-UP:	PSI		PSI	START LOCK-UP:	W.C.
	TANK OFF: PRESSURE	PSI		PSI	TANK OFF: PRESSURE	W.C.
	AFTER 10 MINUTES: PRESSURE AS LEFT:	PSI		PSI	AFTER 10 MINUTES: PRESSURE AS LEFT:	W.C.
X _____					LABOR	200.00
CUSTOMER SIGNATURE					Rinnai Rebate	(100.00)
					GAC Rebate	(200.00)
					INV. TOTAL	1530.90
					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.

Mark Ray
SERVICE REP. SIGNATURE

7-2-26
DATE

x

CUSTOMER SIGNATURE



Residential Gas Appliance System Check

Account Number 20152
Name John Owens
Address 5378 Hamilton Green Cir
City, State, Zip Valdosta, GA
Telephone: Office _____ Home _____

Company/Location Valdosta
Call Date 7-2-26
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>RX160</u>			
Serial No.			<u>TK.BA-253358</u>			
Fuel			<u>LP</u>			
BTU Rating			<u>160,000</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>Vented</u>			
Combustion Air						
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>2026</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								IN WC	IN WC
	2nd								PSIG	PSIG
THIRD STAGE									IN WC	IN WC
									IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	<u>9.0wc</u>	<u>9.0wc</u>	<u>10</u>	<u>yes</u>
	2nd				
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 7-2-26

I, Math 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

Math Ray

(Service Technician's Signature)

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.

(Customer's Signature)