



congerlpgas.com

INVOICE / WORK ORDER NO.

122784

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 John Randy Williams RT# _____ RT. SEQ. _____ ACCT # 25526 DATE 7-20-26 INT RM

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 1265 Lone Star School Rd APT/LOT NO. _____

CITY Adel STATE GA ZIP CODE 31620

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

Purchase, install, convert RXP199iN

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: johnwilliams232@icloud

cell # 904-237-4584

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	<u>Rinnai RXP199iN</u>		<u>TE.BA-101570</u>		<u>1,799.95</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE																				
	MAKE:	MODEL:	PARTS/MAT. USED																					
	DATE CODE:	VENT:	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 ☐ 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐ I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		<table border="1"> <tr> <td>HIGH:</td> <td>1st Stage</td> <td>2nd Stage</td> <td>LOW</td> </tr> <tr> <td>START LOCK-UP:</td> <td>PSI</td> <td>PSI</td> <td>START LOCK-UP:</td> </tr> <tr> <td>TANK OFF: PRESSURE</td> <td>PSI</td> <td>PSI</td> <td>TANK OFF: PRESSURE</td> </tr> <tr> <td>AFTER 10 MINUTES:</td> <td>PSI</td> <td>PSI</td> <td>AFTER 10 MINUTES:</td> </tr> <tr> <td>PRESSURE AS LEFT:</td> <td>PSI</td> <td>PSI</td> <td>PRESSURE AS LEFT:</td> </tr> </table>		HIGH:	1st Stage	2nd Stage	LOW	START LOCK-UP:	PSI	PSI	START LOCK-UP:	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	<u>8</u> % <u>144.00</u> <u>N/C</u> <u>Rinnai Rebate 100.00</u> <u>GPC Rebate 400.00</u>
HIGH:	1st Stage	2nd Stage	LOW																					
START LOCK-UP:	PSI	PSI	START LOCK-UP:																					
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE																					
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:																					
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:																					
X _____ CUSTOMER SIGNATURE		PIPING PRESSURE TEST		INV. TOTAL																				
		<table border="1"> <tr> <td>START</td> <td>PSIG</td> <td>FINISH</td> <td>PSIG</td> </tr> </table>		START	PSIG	FINISH	PSIG	AMOUNT RECEIVED																
START	PSIG	FINISH	PSIG																					
				<u>1,943.95</u>																				
				<u>1,943.95</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.

Matt East

7-20-26

x



Residential Gas Appliance System Check

Account Number _____
Name John Randy Williams
Address 1265 Lonestar School Rd
City, State, Zip Adel, GA
Telephone: Office _____ Home _____

Company/Location Valdosta
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	Generator 6
Manufacturer	Jandy		Rinnai			Generac
Model No.	JXIQ400PK		RXP199in			G0072910
Serial No.	ATEC020514452	50105	TE-BA-101570			3018152970
Fuel	LP		LP			LP
BTU Rating	400,000		199,000			330,000
Manual Shut-off (Installed/Existing)	Installed		Existing			Installed
Sediment Trap (Installed/Existing)	Installed		Existing			exist
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System	electric		Electric			electric
Ignition System(s): Mfr./Model No.	electric		Electric			electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber	Open		open			open
Venting System/Draft Diverter	Open		Open			Open
Combustion Air	Ambi					
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	1380263	Quality	2021	2026	Right	N	N	N	N	N	N	21	yes	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											
		BI	3/4	06 D 25	Bego	New	B46R	Down	Eve	11	IN WC	13	IN WC
SECOND STAGE	1st	Copper/poly	5/8 / 3/4	03 B 26	Bego	New	TR9	Down	Dome	9.5	PSIG	10	PSIG
	2nd	BI	3/4"	06 D 25	Bego	New	B46R	Down	Eve	11	IN WC	13	IN WC
THIRD STAGE		BI	3/4"	06 D 25	Bego	New	B46R	Down	Eve	11	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	9.0wc	9.0wc	10	OK
	2nd				
THIRD STAGE					

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.

Comments _____

Reference Invoice No. _____ Date 7-20-26

I, Math Bax/Gale Trapp (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 Bax
(Service Technician's Signature)

(Customer's Signature)