

NAME Ashley Bynum RT# _____ RT. SEQ. _____ ACCT # 03-19037 DATE 6-19-26 INT E

MAILING ADDRESS _____ CO. _____ CITY _____ S.S. NO. _____ DELV. _____

ADDRESS 117 Poplar trail APT/LOT NO. _____ HOME PH. _____ RENT _____

CITY Mountain STATE GA ZIP CODE 31768 WORK PH. _____ CREDIT _____

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____ LITE PILOT _____ PC _____

Set Water Heater run lines DR. _____ USE _____ LEASE _____

DIRECTIONS: _____

email: albynum@hotmail.com
cell # 703-943-0134
PAY BILL ONLINE @congerlpgas.com

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>✓</u>	<u>120</u>	<u>606020</u>	<u>77</u>	<u>AG</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>Sediment trap</u>				<u>50 00</u>
<u>12'</u>	<u>1/2 copper</u>				<u>120 00</u>
<u>1</u>	<u>3/4 close nipple</u>				<u>2 00</u>
<u>1</u>	<u>Black iron T 3/4</u>				<u>5 00</u>
<u>1</u>	<u>1/2 Flare 90°</u>				<u>3 00</u>
<u>2</u>	<u>1/2 Flare nuts</u>				<u>7 00</u>
<u>1</u>	<u>valve kit</u>				
<u>1</u>	<u>water heater Rinnai RE180</u>				<u>1300 00</u>

WORK PERFORMED: <u>Ran 12 Foot of 1/2</u>	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
<u>Copper to WH, hung water heater</u>	MAKE: <u>REGO</u>	PARTS/MAT. USED	<u>WA</u>
	MODEL: <u>LV44037R9</u>	TANK	<u>MP</u>
	DATE CODE: <u>06-2019</u>		<u>MS</u>
	VENT: <u>DOWN</u>		<u>CE</u>

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE				SALES TAX	
SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:					
LEAK AND PRESSURE TEST					
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:	PSI	PSI	START LOCK-UP:	<u>12</u> W.C. LABOR
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	<u>9</u> W.C.
	AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	<u>9</u> W.C.
	PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	<u>12</u> 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 [Signature] DATE 7-31-26 CUSTOMER SIGNATURE [Signature]



Residential Gas Appliance System Check

Company/Location Conger Ault Air
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

Account Number 03-19037
Name Ashley Bynum
Address 117 Poplar Trail
City, State, Zip Madison, MS
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE180e			
Serial No.			TZ. UA-163722			
Fuel			LP			
BTU Rating			180k			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.			✓			
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			OK			
Thermostats: Mfr./Model No.			OK			
Burner(s)/Combustion Chamber			OK			
Venting System/Draft Diverter			OK			
Combustion Air			Amb			
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	606020	Trinity ind.	1989	✓	AG	OK	OK	OK	OK	OK	OK	OK	OK	Good

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	06-2019	REGO	Good	LV4403TR9	DOWN	DOME	IN WC	IN WC
	2nd	Copper	1/2	01-2019	REGO	Good	LV4403B46	side	✓	PSIG	PSIG
THIRD STAGE									11	IN WC	13 IN WC
										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	12	9	10	OK
THIRD STAGE				

Comments _____

Reference Invoice No. 128788 Date 7/31/26

I, Brandon Cochran (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

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, ASHLEY BYNUM (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)