



congerlpgas.com

INVOICE / WORK ORDER N

11996

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
Valdosta, GA 31002
(229) 469-4250

NAME Premiere Southern

RT# _____ RT. SEQ. _____ ACCT # 21602

DATE 7-27-26 INT MR

MAILING ADDRESS _____

ADDRESS 5048 Hatfield

CO. _____ CITY _____

APT/LOT NO. _____

CITY Hahira

STATE GA

ZIP CODE _____

NEW CUSTOMER INFORMATION

S.S. NO. _____ DELV _____

HOME PH _____ RENT _____

WORK PH _____ CREDIT _____

LITE PILOT _____ PC _____

EMPLOYER _____

DR. _____ USE _____ LEASE _____

email: _____

cell # _____

PAY BILL ONLINE @congerlpgas.com

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

DIRECTIONS: Hang tankless w/H and hook up cooktop. Set 120 tank.

10 gallons in tank

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
<u>LTS</u>	<u>120</u>	<u>1560875</u>			MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
1	RF180e		WF-0A-064169		1199 95
20'	1/2" Copper				159 00
2	1/2" fl nts				5 90
1	1/2" cutoff				24 95
1	Rego B46R				97 95
1	3/4"BI tee				4 95
1	Bell reducer				2 95
3	3/4" x close nipple				5 85
1	TwH flex hose				24 95
WORK PERFORMED:	T/S and hook up				
all the appliances.		REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	
Safety check		MAKE:		CORE	
		MODEL:		MP	
		DATE CODE:		TANK RENT	
		VENT:		MS	
				CF	
				96.42	
				35.54	
				4.72	
				1.52	
				540.00	
				Rima Rebate (100.00)	
				GPC Rebate (200.00)	
				2301.04	
				2400.04	

WORK PERFORMED: T/S and hook up

REGULATION INFORMATION

MAKE: _____ MODEL: _____

DATE CODE: _____ VENT: _____

SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:

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.

CUSTOMER SIGNATURE _____

LEAK AND PRESSURE TEST

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:

PIPING PRESSURE TEST

START	PSIG	FINISH	PSIG
-------	------	--------	------

SALES TAX _____ %

LABOR 2 men 3hr

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

W.C. _____

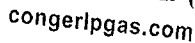
THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

SERVICE REP. SIGNATURE Zach Moritt

DATE

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY



2310-B Highway 84 W
Valdosta, GA 31602
(229)469-4250

119930

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DATE	INT

NAME Premiere Southern CONTINUATION SHEET RT # _____ RT. SEQ. _____ ACCT # _____ DATE _____ INT _____

119439

[illegible]

ADDITIONAL COMMENTS

REGULATOR INFORMATION

MAKE:

MODEL:

DATE CODE:

VENT:

LEAK AND PRESSURE TEST

**START
LOCK UP:**

PSI

**TANK OFF
PRESSURE:**

PSI	AFTER 10 MINUTES:
-----	----------------------

PSI	PRESS AS LEE
-----	-----------------

PRESSURE
AS 1 FEET: PS

PIPING PRESSURE TEST

STOCK LOCK UP:

W.C.

TANK OFF PRESSURE:

W.C.	AFTER 10 MINUTES.
------	----------------------

W/C	PRESSURE AS LIFT
-----	------------------

PRESSURE
AS LEFT

W.C. START

PSIG | FINISH

PSIG

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING/OFFICE COPY



Residential Gas Appliance System Check

Account Number _____
Name Thad Mitchell
Address 5048 Hattie B Cir
City, State, Zip Habersham, GA
Telephone: Office _____ Home _____

Company/Location Conger/Habersham
Call Date 7/30/26
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			Rinnai	Electrolux		
Model No.			RE100e	GCG3048AS		
Serial No.			WF4A-06468	1F60690421		
Fuel			LP	LP		
BTU Rating			180,000	38,000		
Manual Shut-off (Installed/Existing)			installed	installed		
Sediment Trap (Installed/Existing)			installed			
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System						
Ignition System(s): Mfr./Model No.			electric	electric		
Thermostats: Mfr./Model No.			electric	electric		
Burner(s)/Combustion Chamber						
Venting System/Draft Diverter			open	open		
Combustion Air			open	open		
Red Tag (removed from service)/Recall			ambi	ambi		
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	1560875	Qualit+	2025	2026	Rear	New	New	New	New	New	New	2015	Yes	OK
PIPING/REGULATOR OPERATION/CONDITION														

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"		Reg	New	TR4	Down	Done	9.5 PSIG	10 PSIG	
	2nd	BI/CSS+	3/4/1/2"	08B25	Reg	New	B46	Down	eve	11 IN WC	13 IN WC	
THIRD STAGE										IN WC	IN WC	
SYSTEM LEAK TEST											IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
SECOND STAGE	1st				
	2nd	9.0wc	9.0wc	10mins	OK
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.

(Customer's Signature)

Comments _____

Reference Invoice No. 114439 Date 7/30/26

I, Zach Adams (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

Zach Adams - [Signature]
(Service Technician's Signature)