Atlantic propane

Propane System Inspection

Invoice No. 24079345
Customer No. 1593010 Telephone No. 910-301-3673
CSC Location 6402 Lumberton Name Richard Johnson
Date of Inspection 11-18-24 Address 210 Waterford Circle City/State Lumberton NC

Disclaimer: This inspection covers gas distribution system equipment visible and readily 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 workings of sealed equipment or structural components and cannot be construed to cover future or unforeseen happenings.

Container(s)

Size	Serial No.	Manufacturer	Date of Mfg.	Requalification Date Cylinders Only	Location	Container Condition	Fittings Leak Check	Relief Valve Cond.	Cap	Container Foundation
120	251153	Worthes XX	2022		side of garage	Good	Ok	Ok	ok	good

Piping	Material	Size	Regulator(s)	MFG	Model No.	Year Built	Condition	Vent Position	How Protected
Integ/1st Stage		1/2	Integ/1st Stage	Rego	L404B3	2024	New	down	done to
2nd Stage			2nd Stage						
3rd Stage			3rd Stage						

	LEAK CHECK (5 Min.)		PRESSURE TEST (10 Min.)		SYSTEM OPERATING TEST	
	START FINISH		START FINISH			
1st Stage	EQUIP. USED: Presto		EQUIP. USED: H.P. TEST GAUGE		EQUIP. USED:	
	TIME 1:10AM 1:15AM		TIME		☐ WC FLOW	
	☐ WC ☑ PSI 10.5 5		PSI		☐ PSI LOCKUP	
☒ Integ. 2nd Stage	EQUIP. USED: Presto		EQUIP. USED: H.P. TEST GAUGE		EQUIP. USED: Manometer	
	TIME 1:10 pM 1:15 pM		TIME		☒ WC FLOW 10.7"	
	☐ WC ☒ PSI 10.5 5		PSI		☐ PSI LOCKUP 11.2"	
3rd Stage	EQUIP. USED:		EQUIP. USED: H.P. TEST GAUGE		EQUIP. USED:	
	TIME		TIME		☐ WC FLOW	
	☐ WC ☐ PSI		PSI		☐ PSI LOCKUP	

Installation Review

	Yes	No
Safety information and materials provided to customer	☑	☐
Container(s) distance requirements are met	☑	☐
Container(s) condition is suitable for continued service	☑	☐
Cathodic protection provided and documented per company policy (if applicable)	☐	☐

	Yes	No
Regulator(s) distance requirements are met	☑	☐
Exterior gas piping is suitable for continued service	☑	☐
Dielectric isolation installed according to code for metallic pipe or tubing (if applicable)	☐	☐

I, Wesley Hunt (Service Technician Printed Name) certify that I have completed the system check and installation review as described above.

Service Technician (Signature)
Date 11.18.24

Customer Acknowledgment: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual preforming the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

RJ — I have informed the service technician of all gas-burning appliances and gas lines on my property.
RJ — I have smelled the propane gas and can detect its odor.
RJ — I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
RJ — I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
RJ — I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
RJ — I have received safety information and been told to read it and share it with all family members.
RJ — I am satisfied with the service work performed.

I, Kelli S. Johnson (Customer and/or Tenant Printed Name) have read and fully understand this certification.

Customer and/or Tenant (Signature)
Date 11, 18, 2024