



PARTNERS PROPANE OF GA,
 INC.
 PO BOX 277
 BUTLER, GA 31006
 (478) 862-4644

Cust ID DAVTER
 Account # 7377
 Invoice # S0014413
 Invoice Date 4/13/2026

Sold To

AMANDA DAVIS
 17 EDGEWOOD DR
 BUTLER, GA 31006-5742

Shipped To Location 1
 TERRY DAVIS
 17 EDGEWOOD DR
 BUTLER, GA 31006

Date 4/13/2026 Terms due upon receipt
 Salesperson 6 Order Date
 PO # Ship Via

Quantity	Category	Description	Unit Price	Amount
1.00	RE199EP	Rinnai 9.7 Water Heater REGULAR SALES TAXABLE	1,500.0000	\$1,500.00 120.00
1.00	MIVK-T-LW	Plumbing kit for rinnai REGULAR SALES TAXABLE	150.0000	\$150.00 12.00
1.00	PCD09-SHS	Rinnai Pipe Cover REGULAR SALES TAXABLE	225.0000	\$225.00 18.00
2.00	40-10	5/8" Flare Nut REGULAR SALES TAXABLE	3.2500	\$6.50 0.54
13.00	58R50	5/8" Copper Tubing REGULAR SALES TAXABLE	5.5000	\$71.50 5.74
1.00	912PS12	Pigtail POL X POL 12"	0.0000	\$0.00
1.00	LV404B4	TWIN STAGE REGULATOR	0.0000	\$0.00
1.00	48-10-8	5/8"X1/2" FI X Male Conn REGULAR SALES TAXABLE	4.7000	\$4.70 0.39
1.00	491002	3/4 Cutoff REGULAR SALES TAXABLE	15.0000	\$15.00 1.20
1.00	48-10-12	5/8X3/4 FI X Male Conn REGULAR SALES TAXABLE	4.2500	\$4.25 0.33
1.00		PERF REBATE	-200.0000	(\$200.00)
1.00		LABOR	75.0000	\$75.00

Subtotal \$1,851.95
 GA TAYLOR CO TAX \$158.20
 HEADER
 Invoice Total \$2,010.15

Total Due \$2,010.15

Account # 7377 Name TERRY AND AMANDA DAVIS Address [1] 17 EDGEWOOD DR City BUTLER
 State GA Zip 31006 Phone 0 Date of Inspection 04/10/2026 Branch/Location _____ Work Order # _____

Equipment Type	Water Heater			
Manufacturer	Rinnai			
Year Manufactured				
Model #	Re199e			
Serial #	Tl. Ua-161716			
Fuel	Propane			
BTUs (Maximum Input)	199,000			
Manual Shutoff Valve	OK			
Sediment Trap	OK			
Burner(s) Condition	OK			
Combustion Chamber Condition	OK			
Control/Pilot Safety System	N/A			
Venting System	OK			
Combustion Air	OK			
Taken Out of Svc or Operation (Tag #)	No			

Serial #	Cust. Own	Container Type		Size	Tank %	Manufacturer	Mfr. Date	DOT			Container			Relief Valve		Fittings Leak Test
		ASME/ DOT	AG/UG/AGUG					Last Requal Date	Type	Found.	Loc.	Cond.	Cond.	Date	Cap	
2sa066519		ASME	AG	120 wg		American Welding	2003	N/A		OK	OK	OK	OK	NV	OK	OK

Material	Size	Protection	Mfr.	Model #	Date Code	Cond.	Vent Position	Protection		
									REGULATORS	
Integral	CT (Copper Tubing)	5/8	OK	Integral	REGO	Lv404b9	2025	OK	OK	OK

CSST TRACKING Bonded Yes No Unknown Jurisdictional Acct. Y N Unknown Gas Lines Capped Y N/A Heat Pump Y N

System Type	System Leak Check <input checked="" type="checkbox"/> Entire System				Pressure Test				System Operation Tests			
	Initial/Start Pressure	End Pressure	Start Time	End Time	Start Pressure	End Pressure	Start Time	End Time	Flow Pressure Test	Lock-Up Pressure Test		
Integral	13 / 5 <input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI	5 <input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI	1:55	2:00	10	PSI	10	PSI	1:45	1:55	11 <input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI	13 <input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI
						PSI		PSI			<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI	<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI
						PSI		PSI			<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI	<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI
						PSI		PSI			<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI	<input type="checkbox"/> WC <input checked="" type="checkbox"/> PSI

Performed Sniff Test Y N Comments _____

Disclaimer: This inspection covers gas equipment and appliances 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.

- I, Property Owner Tenant Authorized Representative, acknowledge that the individual performing the propane safety review informed me of the procedure and the outcome of the review; what was covered by the review 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 that:
- I have informed the individual performing the propane safety review of all gas-burning appliances and gas lines on my property.
 - 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 tank.
 - I have smelled the propane gas and can detect its odor.
 - I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity.

- In addition, I have been told that certain physical limitations or conditions might prevent me from smelling a gas leak.
- I have received customer safety information and been told to read it and share it with all family members.
 - I am satisfied with the service work performed.
 - I have been advised to install one or more gas and carbon monoxide detectors listed by Underwriters Laboratories (UL) as an additional measure of safety.
- I have been provided the following additional safety materials:
- Propane Safety Booklet (PRC-005606 or PRC-101063)
 - Important Propane Safety Information Brochure (PRC-003121 or PRC-101062)
 - Carbon Monoxide Brochure (PRC-000075)

Tyler Robinson
Service Technician Name - Print


Service Technician Signature Date 04/10/2026

TERRY AND AMANDA DAVIS
Customer Name - Print


Customer Signature Date 04/10/2026