



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

Cust ID MURKEL
 Account # 7538
 Invoice # S0014206
 Invoice Date 1/29/2026

Sold To
 KELLY MURPHY
 788 SB EUBANKS RD
 REYNOLDS, GA 31076

Shipped To Location 2
 KELLY MURPHY
 788 SB EUBANKS RD
 REYNOLDS, GA 31076

Date 1/29/2026
 Salesperson 7
 PO #

Terms due upon receipt
 Order Date
 Ship Via

Quantity	Category	Description	Unit Price	Amount
1.00	PROG40	Rheem 40 tall Water Heat REGULAR SALES TAXABLE	867.0000	\$867.00 69.36
2.00	481020	SS Water Heater Conn REGULAR SALES TAXABLE	30.0000	\$60.00 4.80
1.00		PERF REBATE	-200.0000	(\$200.00)
1.00		LABOR - NO CHARGE	0.0000	\$0.00

Subtotal \$727.00
 GA TAYLOR CO TAX \$74.16
 HEADER
 Invoice Total \$801.16

Total Due \$801.16

Account # 7538 Name KELLY MURPHY Address [2] 788 SB EUBANKS RD City REYNOLDS
 State GA Zip 31076 Phone 4782143754 Date of Inspection 01/27/2026 Branch/Location Work Order #

Equipment Type	Room/Space Heater	Room/Space Heater	Water Heater
Manufacturer	Empire	Rinnai	Rheem
Year Manufactured			
Model #	Sr18	Reh-19d-p	Prog40-32p rh62
Serial #	1	94-07-005317	Q232528272
Fuel	Propane	Propane	Propane
BTUs (Maximum Input)	18,000	19,500	32,000
Manual Shutoff Valve	OK	OK	OK
Sediment Trap			
Burner(s) Condition	OK	OK	OK
Combustion Chamber Condition	N/A	N/A	OK
Control/Pilot Safety System	OK Pilot	OK Pilot	OK Pilot
Venting System	N/A or No	N/A or No	OK
Combustion Air	Service Not Provided	Service Not Provided	Service Not Provided
Taken Out of Svc or Operation (Tag #)	No	No	No

CONTAINER CHECK	Serial #	Cust. Own	Container Type		Size	Tank %	Manufacturer	Mfr. Date	DOT		Container			Relief Valve		Fittings Leak Test	
			#ASME/DOE	#AG/UG/AGUG					Last Requal Date	Type	Found	Loc.	Cond.	Cond.	Date		Cap
	2sg 000000		ASME	AG	250 wg		American Welding	1995	N/A		OK	OK	OK	OK	NV	OK	OK

PIPING	Material	Size	Protection	REGULATORS	Mfr.	Model #	Date Code	Cond.	Vent Position	Protection

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	8.5	<input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI	8.5	<input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI	4:30	4:35	10	PSI	10	PSI	4:20	4:30	9	<input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI	13	<input checked="" type="checkbox"/> WC <input type="checkbox"/> PSI
			<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI
			<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI
			<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI				PSI		PSI				<input type="checkbox"/> WC <input type="checkbox"/> PSI		<input type="checkbox"/> WC <input type="checkbox"/> PSI

Performed Sniff Test Y N Comments Installed water heater. ;

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.

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:

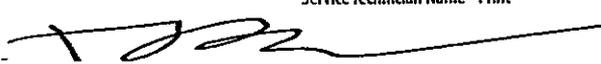
- I have informed the individual performing the propane safety review of all gas-burning appliances and gas lines on my property.
- I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the tank.
- I have smelled the propane gas and can detect its odor.
- I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity.

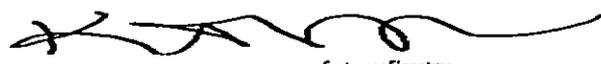
In addition, I have been told that certain physical limitations or conditions might prevent me from smelling a gas leak.

- 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 01/27/2026
Date

KELLY MURPHY
Customer Name - Print

Customer Signature 01/27/2026
Date