



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

www.tdlr.texas.gov

Boiler Equipment Report of Inspection

PURSUANT TO CHAPTER 755, HEALTH AND SAFETY CODE, 16 TX ADMINISTRATIVE CODE, CHAPTER 65, AND OCCUPATIONS CODE CHAPTER 51

TX# * TX272992	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/> 2ND HAND	<input checked="" type="checkbox"/> NEW
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IDENTIFIED BY: * <input checked="" type="checkbox"/> DECAL <input type="checkbox"/> STAMP <input type="checkbox"/> TAG	VARIANCE: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TEXAS SPECIAL: * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
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NAME * Riverside Ranch Apartments	NAME Riverside Ranch Apartments	NAME Riverside Ranch Apartments
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(Address 1) * 1805 Aquarena Springs Dr	(Address 1) 1805 Aquarena Springs Dr	(Address 1) 1805 Aquarena Springs Dr
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(City, State, Zip) * San Marcos, TX 78666-8280	(City, State, Zip) San Marcos, TX 78666-8280	(City, State, Zip) San Marcos, TX 78666-8280
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LOCATION PHONE: 833-328-6248	OWNER PHONE:	CONTACT NAME: Christine Contreras
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OBJECT LOCATION: * Amenity center	BUSINESS EMAIL:	CONTACT PHONE: 512-754-0001
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MANUFACTURER * Raypak	NAT'L BOARD # 474221	SERIAL NUMBER 1809474221	MFGR MODEL # H3-0499
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
160	2009	36	Water Tube	Hot Water Supply Boiler	Domestic Potable Water	62		620-LB/HR		H

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST * 125	TOTAL CAP. * 1700000	# OF SAFETIES 1	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	500000		BTU/HR OUTPUT 410000	
LOWEST * 125	<input checked="" type="checkbox"/> BTU/HR	<input type="checkbox"/> #/HR	<input checked="" type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
EXPANSION TANK ASME * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			EXPANSION TANK MAWP 150		EXTERNAL PIPE ASME <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				

EXTENSION INSPECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: Boiler identification and ratings information verified. Boiler, boiler's appurtenances, and boiler room inspected. Safety devices checked. Violation opened for lack of adequate ventilation.

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)
1 - 65.603(1)	COND: Install adequate ventilation for boiler room.

I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

SIGNATURE OF INSPECTOR
Cody Stauffer

2127
TX COMMISSION #

Travelers
INSPECTION ORG.

Christine Contreras
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

12/09/2021
DATE (MM/DD/YY) *

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? * YES NO (IF NO, EXPLAIN FULLY UNDER VIOLATIONS)