



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# *	* <input type="checkbox"/> 1ST INSPECTION	<input checked="" type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	STATUS: *	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> DISCONNECTED IN PLACE	<input type="checkbox"/> EXEMPT	<input checked="" type="checkbox"/> NEW
TX174335	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE			<input type="checkbox"/> JUNKED	<input type="checkbox"/> DISPOSITION UNKNOWN		<input type="checkbox"/> 2ND HAND

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
------------------	---	--------------------------------	------------------------------	-------------	------------------------------	--	------------------	------------------------------	--

PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
---	---------------	-----------------

NAME *	NAME	NAME
--------	------	------

Schneider Banks	Schneider Banks	Schneider Banks
------------------------	------------------------	------------------------

(Address 1) *	(Address 1)	(Address 1)
---------------	-------------	-------------

1108 Commercial St	1108 Commercial St	1108 Commercial St
---------------------------	---------------------------	---------------------------

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
----------------------	--------------------	--------------------

Athens, TX 75751-8801	Athens, TX 75751-8801	Athens, TX 75751-8801
------------------------------	------------------------------	------------------------------

LOCATION PHONE:	OWNER PHONE: (903)675-1440	CONTACT NAME: Diane Percy
-----------------	-----------------------------------	----------------------------------

OBJECT LOCATION: *	BUSINESS EMAIL: diane@sbifinishing.com	CONTACT PHONE: (903)675-1440
--------------------	---	-------------------------------------

Boiler Room	Nature of Business: Other	BUSINESS EMAIL: diane@sbifinishing.com
--------------------	----------------------------------	---

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
----------------	---------------	---------------	--------------

Williams & Davis	007481	7481	780
-----------------------------	---------------	-------------	------------

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
---------------	--------------	------------	------------	-----------------	-----------	-----------------	-----------	---------	-----------	--------------

150	1994	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	250		2100-LB/HR	1725-LB/HR	S
------------	-------------	-----------	------------------	---------------------	----------------------------------	------------	--	-------------------	-------------------	----------

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT		
--------------------------	--	--	-----------------------	--	--	--------	--	--------------	--	--

SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	2100000
------------------------	--------------	---------------	-------------------------------------	---	-------------	---------

LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 150		BTU/HR OUTPUT
----------	--	---------------------------------	--	------------------	--	---------------

EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
--	---------------------	---

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
--	---

Comments: Waterside surfaces showed little to no scaling or pitting. Combustion chamber had minimal soot. No evidence of leakage at any surface or piping connection. All equipment appears intact and in good condition.

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

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

_____ SIGNATURE OF INSPECTOR Adam Al-Sharif	2125 TX COMMISSION #	Travelers INSPECTION ORG.
---	-------------------------	------------------------------

_____ SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION * Diane Percy	10/20/2020 DATE (MM/DD/YY) *
---	---------------------------------

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? *	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(IF NO, EXPLAIN FULLY UNDER VIOLATIONS)
---	---	---