



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
 (512) 463-6599 - (800) 803-9202
 Fax (512) 475-2871 csboiler@tdlr.texas.gov

Technical
 (512) 539-5716
 boilers@tdlr.texas.gov

P.O. Box 12157 - Austin, Texas 78711 - 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# * TX280093	* <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
-------------------	---	---	--	---	--	--	---

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

University Of Houston - Clear Lake - SORM	University Of Houston - Clear Lake - SORM	University of Houston - Clear Lake
---	---	------------------------------------

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

2700 Bay Area Blvd	2700 Bay Area Blvd	2700 Bay Area Blvd # 322
--------------------	--------------------	--------------------------

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

Houston, TX 77058-1002	Houston, TX 77058-1002	Houston, TX 77058-1002
------------------------	------------------------	------------------------

LOCATION PHONE: 2812832250	OWNER PHONE:	CONTACT NAME: Pam Groves
----------------------------	--------------	--------------------------

OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: (281) 283-2250
--------------------	--------------	-------------------------------

Hawks Nest Residence Hall	Nature of Business: College	CONTACT EMAIL: groves@uhcl.edu
---------------------------	-----------------------------	--------------------------------

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
AIC GDYNIA	71676	16WHTX.1130.503	50L 130A-GCML

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2019	36	Fire Tube	Hot Water Supply		130		999-LB/HR	HLW

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 type="checkbox"/> FLOAT & CHAMBER	Natural Gas	999000		BTU/HR OUTPUT	
LOWEST *	4059000	1	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER N/A					
			<input checked="" type="checkbox"/> BTU/HR <input type="checkbox"/> #/HR	MAWP:					

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

Comments: New boiler tagged.

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
 Tod Martin

2099
 TX COMMISSION #

Travelers
 INSPECTION ORG.

 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *
 Allen

07/16/2019
 DATE (MM/DD/YY) *

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