



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
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## 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# * TX235866	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/> NON-CERTIFICATE	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> EXEMPT <input type="checkbox"/> NEW <input type="checkbox"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN <input type="checkbox"/> 2ND HAND
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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 * <b>Star Brite Cleaners</b>	NAME <b>Star Brite Cleaners</b>	NAME <b>Star Brite Cleaners</b>
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(Address 1) * <b>692 S Walnut Ave</b>	(Address 1) <b>692 S Walnut Ave</b>	(Address 1) <b>692 S Walnut Ave</b>
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(City, State, Zip) * <b>New Braunfels, TX 78130-5723</b>	(City, State, Zip) <b>New Braunfels, TX 78130-5723</b>	(City, State, Zip) <b>New Braunfels, TX 78130-5723</b>
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LOCATION PHONE: <b>830-237-2376</b>	OWNER PHONE:	CONTACT NAME: <b>Brian Foreman</b>
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OBJECT LOCATION: * <b>BOILER ROOM</b>	OWNER EMAIL:	CONTACT PHONE: <b>202-281-4646</b>
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	Nature of Business: <b>Cleaners</b>	CONTACT EMAIL:
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MANUFACTURER * <b>FULTON BOILER</b>	NAT'L BOARD # <b>104786</b>	SERIAL NUMBER <b>104786</b>	MFGR MODEL # <b>FB 030</b>
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Boiler MAWP * <b>150</b>	YEAR BUILT * <b>2007</b>	INTERVAL * <b>12</b>	BLR TYPE * <b>Fire Tube</b>	BLR USE * <b>Power</b>	HEATING SURFACE <b>90</b>	CAP (GAL)	MIN SRV	MAX STEAM <b>1035-LB/HR</b>	ASME STAMP * <b>S</b>
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SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
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SET PRESSURE HIGHEST * <b>150</b>	TOTAL CAP. * <b>2585</b>	# OF SAFETIES <b>1</b>	<input checked="" type="checkbox"/> PROBE TYPE <input type="checkbox"/> FLOAT & CHAMBER	Natural Gas		<b>1260000</b>	
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LOWEST * <b>150</b>	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: <b>150</b>	<input type="checkbox"/> FLOW SWITCH <input type="checkbox"/> OTHER _____	<b>BTU/HR OUTPUT</b>		<b>1035000</b>	
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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
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EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments:

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)
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I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

\_\_\_\_\_  
SIGNATURE OF INSPECTOR  
James E Friday

1842  
\_\_\_\_\_  
TX COMMISSION #

\_\_\_\_\_  
INSPECTION ORG.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*  
BRIAN FOREMAN

12/15/2016  
\_\_\_\_\_  
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)
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