



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# * TX065680	* <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"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> 2ND HAND
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IDENTIFIED BY: * <input type="checkbox"/> DECAL <input type="checkbox"/> STAMP <input checked="" 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 *	NAME	NAME
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Pergan Marshall Llc	Pergan Marshall Llc	Pergan Marshall Llc
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(Address 1) *	(Address 1)	(Address 1)
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710 Bussey Highway 59 North	710 Bussey Highway 59 North	710 Bussey Highway 59 North
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Marshall, TX 75670	Marshall, TX 75670	Marshall, TX 75670
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LOCATION PHONE:	OWNER PHONE: 903-930-3299	CONTACT NAME: Chris Grimes, Plant Controller
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: 903-930-3299
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Boiler Room	Nature of Business: Other	CONTACT EMAIL:
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Cleaver Brooks	NB18754	18754	

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
200	1968	12	Fire Tube	Power	750			12750-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	BTU/HR OUTPUT		6275000	
LOWEST *	15200	2	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
175			<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR					

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: Conditions Satisfactory

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

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

Ken Powell

 SIGNATURE OF INSPECTOR
 Ken Powell

807

 TX COMMISSION #

0105

 INSPECTION ORG.

Jay Mathis

 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

02/06/2017

 DATE (MM/DD/YY) *

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