



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

(512) 539-5716 • [www.tdlr.texas.gov](http://www.tdlr.texas.gov) • [boilers@tdlr.texas.gov](mailto:boilers@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# * TX235497	* <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
-------------------	---	--	--	-----------------------------------

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 * <b>United Airlines, Inc. (Chelsea Kitchen)</b>	NAME <b>Chelsea Kitchen c/o United Airlines</b>	NAME <b>United Airlines, Inc. (Chelsea Kitchen)</b>
--	--	--

(Address 1) * <b>4507 Wright Rd</b>	(Address 1) <b>PO Box 60307</b>	(Address 1) <b>4507 Wright Rd</b>
--	------------------------------------	--------------------------------------

(City, State, Zip) * <b>Houston, TX 77032-5219</b>	(City, State, Zip) <b>Houston, TX 77205</b>	(City, State, Zip) <b>Houston, TX 77032-5219</b>
---	--	---

LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: <b>Kalmuth Styron</b>
-----------------	--------------	-------------------------------------

OBJECT LOCATION: * <b>BOILER ROOM</b>	BUSINESS EMAIL: <b>DEB.EDWARDS@UNITED.COM</b>	CONTACT PHONE: <b>713.545.5458</b>
--	---	------------------------------------

MANUFACTURER * <b>Superior Boiler Works</b>	NAT'L BOARD # <b>007389</b>	SERIAL NUMBER <b>7389</b>	MFGR MODEL # <b>5-5-304</b>
--	--------------------------------	------------------------------	--------------------------------

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	1975	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	304		2070-LB/HR	2070-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * <b>150</b>	TOTAL CAP. * <b>10818</b>	# OF SAFETIES <b>1</b>	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas/Fuel Oil	BTU/HR OUTPUT
LOWEST * <b>150</b>	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		
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: During my visit, I internally and externally inspected the boiler for any signs of leakage or overheating. The boiler room and foundation appeared to be in good condition. I reviewed the SRV's, low water cut-off, pressure / temperature gage, gas flue piping and all other associated items. One recommendation was made which resulted in withholding the operating certificate.

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)
1 - 65.602	COND: Chimneys do not conform to manufacturers recommendations.

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

_____ SIGNATURE OF INSPECTOR Derrick Lindemann	1884 TX COMMISSION #	BVI&I INSPECTION ORG.
--	-------------------------	--------------------------

_____ SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION * Kalmuth Styron - Maintenance Site Manager	11/06/2024 DATE (MM/DD/YY) *
---	---------------------------------

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