



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# * TX078591	* <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"/> NEW <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 * Sycamore Elementary School	NAME Texas Poilical Subdivisions Joint Sel	NAME Texas Poilical Subdivisions Joint Sel
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(Address 1) * 1601 Country Manor Rd	(Address 1) 15660 Dallas Pkwy Ste 1175	(Address 1) 15660 Dallas Pkwy Ste 1175
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(City, State, Zip) * Fort Worth, TX 76134-3629	(City, State, Zip) Dallas, TX 75248-3317	(City, State, Zip) Dallas, TX 75248-3317
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LOCATION PHONE:	OWNER PHONE: 8172975942	CONTACT NAME: Randy Cranford
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OBJECT LOCATION: * Boiler Room	OWNER EMAIL:	CONTACT PHONE: 8172975942
	Nature of Business: School	CONTACT EMAIL:

MANUFACTURER * WEIL MCLAIN	NAT'L BOARD # 000000	SERIAL NUMBER BG994WF	MFGR MODEL # BG99rWF
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
75	1975	24	Cast Iron	Hot Water Heating					H

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 75	TOTAL CAP. * 2675000	# OF SAFETIES 2	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	<input type="checkbox"/> FLOW SWITCH	Natural Gas	2800000
LOWEST * 75	<input checked="" type="checkbox"/> BTU/HR	<input type="checkbox"/> #/HR	MAWP: 150				BTU/HR OUTPUT 2320000

EXPANSION TANK ASME * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	EXPANSION TANK MAWP 125	EXTERNAL PIPE ASME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
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EXTENSION INSPECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
Comments:	

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 Darrell Allison	1713 _____ TX COMMISSION #	_____ INSPECTION ORG.
_____ SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION * Randy Cranford	02/18/2015 _____ DATE (MM/DD/YY) *	

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