



# 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# *<br>TX243390 | * <input type="checkbox"/> 1ST INSPECTION<br><input checked="" type="checkbox"/> SUBSEQUENT | <input type="checkbox"/> INTERNAL<br><input type="checkbox"/> NON-CERTIFICATE | <input checked="" type="checkbox"/> EXTERNAL | STATUS: * <input checked="" type="checkbox"/> ACTIVE<br><input type="checkbox"/> JUNKED | <input type="checkbox"/> DISCONNECTED IN PLACE<br><input type="checkbox"/> DISPOSITION UNKNOWN | <input type="checkbox"/> EXEMPT<br><input type="checkbox"/> 2ND HAND | <input type="checkbox"/> NEW |
|-------------------|---|---|--|---|--|--|------------------------------|

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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 |
|--|---|--|

|   |               |                 |
|---|---------------|-----------------|
| PHYSICAL ADDRESS<br><small>(if the physical address has changed a first inspection is required)</small> | OWNER ADDRESS | MAILING ADDRESS |
|---|---------------|-----------------|

|  |                             |                             |
|--|-----------------------------|-----------------------------|
| NAME *<br>City of San Antonio "Library Julia Yentes Semmes-4 | NAME<br>City of San Antonio | NAME<br>City of San Antonio |
|--|-----------------------------|-----------------------------|

|                                  |                              |                              |
|----------------------------------|------------------------------|------------------------------|
| (Address 1) *<br>15060 Judson Rd | (Address 1)<br>PO Box 839966 | (Address 1)<br>PO Box 839966 |
|----------------------------------|------------------------------|------------------------------|

|  |  |  |
|--|--|--|
| (City, State, Zip) *<br>San Antonio, TX 78247-1206 | (City, State, Zip)<br>San Antonio, TX 78283-3966 | (City, State, Zip)<br>San Antonio, TX 78283-3966 |
|--|--|--|

|                 |              |                              |
|-----------------|--------------|------------------------------|
| LOCATION PHONE: | OWNER PHONE: | CONTACT NAME: Darryl Baethge |
|-----------------|--------------|------------------------------|

|                                   |   |                |
|-----------------------------------|---|----------------|
| OBJECT LOCATION: *<br>Boiler Room | OWNER EMAIL:<br>Nature of Business: Library | CONTACT PHONE: |
|-----------------------------------|---|----------------|

|                |
|----------------|
| CONTACT EMAIL: |
|----------------|

|                             |                         |                               |                         |
|-----------------------------|-------------------------|-------------------------------|-------------------------|
| MANUFACTURER *<br>Lochinvar | NAT'L BOARD #<br>174570 | SERIAL NUMBER<br>C05H00174570 | MFGR MODEL #<br>KBN1000 |
|-----------------------------|-------------------------|-------------------------------|-------------------------|

|                      |                      |                  |                          |                                |                        |           |                       |           |                   |
|----------------------|----------------------|------------------|--------------------------|--------------------------------|------------------------|-----------|-----------------------|-----------|-------------------|
| Boiler MAWP *<br>160 | YEAR BUILT *<br>2005 | INTERVAL *<br>24 | BLR TYPE *<br>Water Tube | BLR USE *<br>Hot Water Heating | HEATING SURFACE<br>116 | CAP (GAL) | MIN SRV<br>1150-LB/HR | MAX STEAM | ASME STAMP *<br>H |
|----------------------|----------------------|------------------|--------------------------|--------------------------------|------------------------|-----------|-----------------------|-----------|-------------------|

|                          |                       |                       |                         |
|--------------------------|-----------------------|-----------------------|-------------------------|
| SAFETY RELIEF VALVE DATA | LOW WATER CUTOFF TYPE | FUEL *<br>Natural Gas | BTU/HR INPUT<br>1000000 |
|--------------------------|-----------------------|-----------------------|-------------------------|

|                              |                         |                    |  |                         |
|------------------------------|-------------------------|--------------------|--|-------------------------|
| SET PRESSURE HIGHEST *<br>50 | TOTAL CAP. *<br>1391000 | # OF SAFETIES<br>1 | <input type="checkbox"/> PROBE TYPE <input type="checkbox"/> FLOAT & CHAMBER | BTU/HR OUTPUT<br>800000 |
|------------------------------|-------------------------|--------------------|--|-------------------------|

|                |  |  |           |
|----------------|--|--|-----------|
| LOWEST *<br>50 | <input checked="" type="checkbox"/> BTU/HR <input type="checkbox"/> #/HR | <input checked="" type="checkbox"/> FLOW SWITCH <input type="checkbox"/> OTHER _____ | MAWP: 160 |
|----------------|--|--|-----------|

|  |                         |   |
|--|-------------------------|---|
| 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 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: There are no indications of leakage, overheating or abnormal operating conditions. The operating controls, temperature and pressure gage were found to be in good working condition. PRV condition was satisfactory. LWCO device had no signs of leakage or corrosion. Piping and shutoff valves were in satisfactory condition

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| 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

David Cummins

1688

TX COMMISSION #

0110

INSPECTION ORG.

Jamie Flowers

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

09/20/2017

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) |
|---|---|