



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

www.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# *	<input type="checkbox"/> 1ST INSPECTION	<input checked="" type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	STATUS: *	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> DISCONNECTED IN PLACE	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NEW
TX253951	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE			<input type="checkbox"/> JUNKED	<input type="checkbox"/> DISPOSITION UNKNOWN		<input checked="" 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
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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
Ventana Applied Sciences	Ventana Applied Sciences	Ventana Applied Sciences

(Address 1) *	(Address 1)	(Address 1)
420 Stolte Rd	420 Stolte Rd	420 Stolte Rd

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
New Braunfels, TX 78130-7139	New Braunfels, TX 78130-7139	New Braunfels, TX 78130-7139

LOCATION PHONE: 830-460-3655	OWNER PHONE:	CONTACT NAME: Terry Thanos
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OBJECT LOCATION: *	BUSINESS EMAIL:	CONTACT PHONE: 830-460-3655
OUTSIDE	Nature of Business: Chemical	BUSINESS EMAIL: terry.thanos@ventanaappliedscien

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
SUPERIOR	002356	4081	P-100

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
200	1967	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	506			3450-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	5060000
150	5142	2	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT
SET PRESSURE LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 250		3450000
150						

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: 1. No adverse conditions at this time. 2. CO 0ppm.

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

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

Robert Prescott

SIGNATURE OF INSPECTOR

Bob Prescott

1849

TX COMMISSION #

TDLR

INSPECTION ORG.

Paco

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

11/13/2020

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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