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# *	*			STATUS: *			
TX215554	☐ 1ST INSPECTION ☑ SUBSEQUENT	☐ INTERNAL ☑ EXTERNAL ☐ NON-CERTIFICATE		☑ ACTIVE ☐ DISCONNECTED IN PLACE ☐ EXEMPT ☐ JUNKED ☐ DISPOSITION UNKNOWN			☐ NEW ☐ 2ND HAND

IDENTIFIED BY: * ☑ DECAL ☐ STAMP ☐ TAG | VARIANCE: * ☐ YES ☑ NO | TEXAS SPECIAL: * ☐ YES ☑ NO

PHYSICAL ADDRESS (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
NAME * **Shiloh Village Apartments**	NAME **SHILOH VILLAGE APARTMENTS**	NAME **SHILOH VILLAGE APARTMENTS**
(Address 1) * **8702 Shiloh Rd**	(Address 1) **ATTN: PROPERTY MANAGER 8702 SHILOH RD**	(Address 1) **ATTN: PROPERTY MANAGER 8702 SHILOH RD**
(City, State, Zip) * **Dallas, TX 75228-4568**	(City, State, Zip) **DALLAS , TX 75228**	(City, State, Zip) **DALLAS , TX 75228**
LOCATION PHONE:	OWNER PHONE: **2143282632**	CONTACT NAME: **SHILOH VILLAGE APARTMEN**
OBJECT LOCATION: * **BOILER ROOM**	OWNER EMAIL: Nature of Business:	CONTACT PHONE: **2143282632** CONTACT EMAIL:

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
RAYPAK INC	**174252**	**0008174252**	**W 3 - 0514**

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
160	**2000**	**36**	**Water Tube**	**Hot Water Supply**	**43**		**514-LB/HR**		**H**

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE	FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * **125** LOWEST * **125**	TOTAL CAP. * **2070000**	# OF SAFETIES **1** ☑ BTU/HR ☐ #/HR	☐ PROBE TYPE ☐ FLOAT & CHAMBER ☑ FLOW SWITCH ☐ OTHER _____ MAWP: **160**	**Natural Gas**	**511500** BTU/HR OUTPUT **419430**

EXPANSION TANK ASME * ☐ YES ☐ NO ☑ N/A | EXPANSION TANK MAWP | EXTERNAL PIPE ASME ☐ YES ☑ NO ☐ N/A

EXTENSION INSPECTION? ☐ YES ☑ NO | EXTENSION APPROVAL DATE (IF APPLICABLE)

Comments: (1) NO ADVERSE CONDITIONS NOTED AT TIME OF INSPECTION. CO -0

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

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

Don Crow — SIGNATURE OF INSPECTOR
Don Crow

1797 — TX COMMISSION #

TDLR — INSPECTION ORG.

OSCAR PRATT — SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

07/18/2019 — DATE (MM/DD/YY) *

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