



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
(512) 463-6599 - (800) 803-9202  
Fax (512) 475-2871 csboiler@tdlr.texas.gov

Technical  
(512) 539-5716  
boilers@tdlr.texas.gov

P.O. Box 12157 - Austin, Texas 78711 - 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# * TX272671	* <input checked="" type="checkbox"/> 1ST INSPECTION <input 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
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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 * <b>KapStone Container Corporation</b>	NAME <b>KapStone Container Corporation</b>	NAME <b>U.S. Corrugated</b>
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(Address 1) * <b>4200 Cambridge Rd</b>	(Address 1) <b>ATTN: ACCOUNTS PAYABLE DEPT 4200 Cambridge Rd</b>	(Address 1) <b>700 N Sam Houston Rd</b>
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(City, State, Zip) * <b>Fort Worth, TX 76155-2626</b>	(City, State, Zip) <b>Fort Worth, TX 76155-2626</b>	(City, State, Zip) <b>Mesquite, TX 75149-2736</b>
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LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: <b>Todd Montgomery</b>
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OBJECT LOCATION: * <b>boiler room</b>	OWNER EMAIL: Nature of Business: <b>Packaging</b>	CONTACT PHONE: <b>972-329-8051</b>
		CONTACT EMAIL: <b>todd.montgomery@kapstonepaper.com</b>

MANUFACTURER * <b>Cleaver Brooks</b>	NAT'L BOARD # <b>17580</b>	SERIAL NUMBER <b>T2766-1-1</b>	MFGR MODEL #
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
200	2012	12	Fire Tube	Power					S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST * <b>200</b>	TOTAL CAP. * <b>22723</b>	# OF SAFETIES <b>2</b>	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas				
LOWEST * <b>200</b>	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
			MAWP:				BTU/HR OUTPUT		

EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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: Performed initial installation inspection. Performed internal inspection of shell and tube waterside surfaces. Fireside surfaces were acceptable. Verified all safety appurtenances present. Ventilation appeared adequate. Boiler installation report and Manufacturer's Data Report available at time of inspection.

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

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

*Brian Ogle*  
SIGNATURE OF INSPECTOR

Brian Ogle

2018  
TX COMMISSION #

0110  
INSPECTION ORG.

Todd Montgomery, Maintenance Manager  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

10/25/2017  
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)
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