



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
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(512) 539-5716  
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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# * TX237778	* <input type="checkbox"/> 1ST INSPECTION <input checked="" 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>Bay Valley Foods</b>	NAME <b>Bay Valley Foods</b>	NAME <b>Bay Valley Foods</b>
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(Address 1) * <b>5310 W Old Us Highway 90</b>	(Address 1) <b>5310 W Old US Highway 90</b>	(Address 1) <b>5310 W Old US Highway 90</b>
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(City, State, Zip) * <b>San Antonio, TX 78227-2243</b>	(City, State, Zip) <b>San Antonio, TX 78227-2243</b>	(City, State, Zip) <b>San Antonio, TX 78227-2243</b>
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LOCATION PHONE:	OWNER PHONE: <b>210 431 2413</b>	CONTACT NAME: <b>Jack Thompson</b>
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OBJECT LOCATION: * <b>BOILER ROOM</b>	OWNER EMAIL: <b>jack_thompson@bayvalleyfoods.com</b>	CONTACT PHONE: <b>210 431 2413</b>
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	Nature of Business: <b>Food</b>	CONTACT EMAIL: <b>jack_thompson@bayvalleyfoods.com</b>
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MANUFACTURER * <b>CLEAVER BROOKS</b>	NAT'L BOARD # <b>044900</b>	SERIAL NUMBER <b>L67863</b>	MFGR MODEL # <b>CB 400 350</b>
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
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<b>150</b>	<b>1978</b>	<b>12</b>	<b>Fire Tube</b>	<b>Power</b>	<b>1750</b>	<b>0</b>			<b>S</b>
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SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
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SET PRESSURE HIGHEST * <b>150</b>	TOTAL CAP. * <b>15775</b>	# OF SAFETIES <b>2</b>	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	<b>14650000</b>
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LOWEST * <b>125</b>	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: <b>150</b>	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		<b>BTU/HR OUTPUT</b>
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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: No adverse conditions noted. No signs of excessive scale, corrosion, or leakage.

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.

*James B. O'Toole, Jr.*

SIGNATURE OF INSPECTOR

Jim O'Toole

TX1947

TX COMMISSION #

0006

INSPECTION ORG.

Jack Thompson Maint Manager

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION\*

03/08/2015

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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