



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
TX235866	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE			<input type="checkbox"/> JUNKED	<input type="checkbox"/> DISPOSITION UNKNOWN		<input 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
Star Brite Cleaners	Star Brite Cleaners	Star Brite Cleaners

(Address 1) *	(Address 1)	(Address 1)
692 S Walnut Ave	692 S Walnut Ave	692 S Walnut Ave

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
New Braunfels, TX 78130-5723	New Braunfels, TX 78130-5723	New Braunfels, TX 78130-5723

LOCATION PHONE: 830-237-2376	OWNER PHONE: 830-237-2376	CONTACT NAME: Bryan Foreman
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OBJECT LOCATION: *	BUSINESS EMAIL: bryanforeman@gmail.com	CONTACT PHONE: 830-237-2376
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BOILER ROOM	Nature of Business: Cleaners	BUSINESS EMAIL: bryanforeman@gmail.com
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
FULTON BOILER	104786	104786	FB 030

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2007	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	90			1035-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	1260000
150	2585	1	<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: 150		1035000

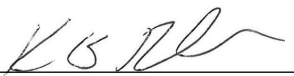
EXPANSION TANK ASME *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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EXTENSION INSPECTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: Mod to heavy white chalky soft deposits throughout watersides. heaviest near the waterline. recommend contact water treatment company to see if an adjustment to their treatment plan might be necessary.

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

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


 SIGNATURE OF INSPECTOR
 Kevin Decker

1871
 TX COMMISSION #

Cincinnati Insurance Company
 INSPECTION ORG.

Steve, Production Manager
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

01/18/2021
 DATE (MM/DD/YY) *

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