



# 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# * TX235866	* <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"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> NEW <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 * McCash Enterprises Inc	NAME McCash Enterprises Inc	NAME McCash Enterprises Inc
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(Address 1) * 692 S Walnut Ave	(Address 1) 692 S Walnut Ave	(Address 1) PO Box 311553
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(City, State, Zip) * New Braunfels, TX 78130-5723	(City, State, Zip) New Braunfels, TX 78130-5723	(City, State, Zip) New Braunfels, TX 78131-1553
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LOCATION PHONE: 830-237-2376	OWNER PHONE: 830-620-7370	CONTACT NAME: McCash Enterprises Inc
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OBJECT LOCATION: * BOILER ROOM	OWNER EMAIL: Nature of Business: Cleaners	CONTACT PHONE: 830-237-2376 CONTACT EMAIL:
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MANUFACTURER * FULTON BOILER	NAT'L BOARD # 104786	SERIAL NUMBER 104786	MFGR MODEL # FB 030
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2007	12	Fire Tube	Power	90			1035-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 150	TOTAL CAP. * 2585	# OF SAFETIES 1	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	1260000
LOWEST * 150	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT 1035000
EXPANSION TANK ASME * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			EXPANSION TANK MAWP		EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments:

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  
James E Friday

1842  
\_\_\_\_\_  
TX COMMISSION #

\_\_\_\_\_  
INSPECTION ORG.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*  
SCOTT MCCASH

12/06/2015  
\_\_\_\_\_  
DATE (MM/DD/YY) \*

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