



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

(512) 539-5716 • www.tdlr.texas.gov • boilers@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# * TX203601	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/> 2ND HAND	<input type="checkbox"/> NEW
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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 * Harris County Central Plant	NAME Harris County Central Plant	NAME Harris County Central Plant
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(Address 1) * 1303 Preston St	(Address 1) 1303 Preston St	(Address 1) 1303 Preston St
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(City, State, Zip) * Houston, TX 77002-2012	(City, State, Zip) Houston, TX 77002-2012	(City, State, Zip) Houston, TX 77002-2012
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LOCATION PHONE:	OWNER PHONE: 713-223-0086	CONTACT NAME: Joshua Lybarger
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OBJECT LOCATION: * Boiler Room	BUSINESS EMAIL: Joshua.Lybarger@harriscountytexas.gov	CONTACT PHONE: 713-223-0086
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Nature of Business: Utility	BUSINESS EMAIL: joshua.lybarger@harriscountytexas.gov
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MANUFACTURER * Johnston Boiler	NAT'L BOARD # 009439	SERIAL NUMBER 9564-02	MFGR MODEL #
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Boiler MAWP * 150	YEAR BUILT * 1997	INTERVAL * 12	BLR TYPE * Fire Tube	BLR USE CLASS * Power Boiler	BLR USE * Steam Greater than 15 PSI	HEATING SURFACE 7500	CAP (GAL)	MIN SRV	MAX STEAM 51750-LB/HR	ASME STAMP * S
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SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
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SET PRESSURE HIGHEST * 150	TOTAL CAP. * 65046	# OF SAFETIES 3	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT
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LOWEST * 150	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: 150	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____
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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 at this time.

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

	1708	Travelers
SIGNATURE OF INSPECTOR	TX COMMISSION #	INSPECTION ORG.
Earl Tullis		

Joshua Lybarger	04/01/2026
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *	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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