



# 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# * TX096637	* <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 type="checkbox"/> DECAL <input checked="" 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
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<b>XFab Texas</b>	<b>XFab Texas</b>	<b>XFab Texas</b>
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(Address 1) *	(Address 1)	(Address 1)
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<b>2301 N University Ave</b>	<b>2301 N UNIVERSITY AVE</b>	<b>2301 N UNIVERSITY AVE</b>
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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<b>Lubbock, TX 79415-1717</b>	<b>LUBBOCK, TX 79415-1717</b>	<b>LUBBOCK, TX 79415-1717</b>
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LOCATION PHONE:	OWNER PHONE: <b>8067474400</b>	CONTACT NAME: <b>Sidney Friend</b>
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: <b>8067474400</b>
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<b>FEP BOILER ROOM</b>	Nature of Business: <b>Manufacture</b>	CONTACT EMAIL:
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MANUFACTURER *	NATL BOARD #	SERIAL NUMBER	MFGR MODEL #
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<b>CLEAVER BROOKS</b>	<b>039650</b>	<b>39650</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>1977</b>	<b>12</b>	<b>Fire Tube</b>	<b>Hot Water Heating</b>	<b>1500</b>		<b>LB/HR</b>	<b>LB/HR</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 *	TOTAL CAP. *	# OF SAFETIES	<input type="checkbox"/> PROBE TYPE <input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	<b>12000000</b>
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LOWEST *		<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH <input type="checkbox"/> OTHER _____		
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		MAWP: <b>150</b>			
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EXPANSION TANK ASME * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	EXPANSION TANK MAWP <b>150</b>	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: §65.613. Hydrostatic Pressure Tests. (a) When there is a question or doubt about the extent of a defect found in a boiler, the inspector may require a hydrostatic pressure test

CO 0 PPM

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

SIGNATURE OF INSPECTOR  
Chrys Griffing

1949  
TX COMMISSION #

TDLR  
INSPECTION ORG.

Goober Williamson, maint, 8064702951  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

04/19/2018  
DATE (MM/DD/YY) \*

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