



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 checked="" type="checkbox"/> NEW
TX174335	<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
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Schneider Banks	Schneider Banks	Schneider Banks
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(Address 1) *	(Address 1)	(Address 1)
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1108 Commercial St	1108 Commercial St	1108 Commercial St
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Athens, TX 75751-8801	Athens, TX 75751-8801	Athens, TX 75751-8801
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LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: Scott Baxter
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OBJECT LOCATION: *	BUSINESS EMAIL:	CONTACT PHONE: 9727411955
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Boiler Room	Nature of Business: Other	BUSINESS EMAIL: scott@sbifinishing.com
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Williams & Davis	007481	7481	780
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
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150	1994	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	250		2100-LB/HR	1725-LB/HR	S
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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	2100000
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LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____	BTU/HR OUTPUT
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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: Little to no scale or corrosion on waterside surfaces. No obstructions in tubes. LWCO in good condition. No evidence of leakage at any vessel surface or piping connection.

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	2125	Travelers
Adam Al-Sharif	TX COMMISSION #	INSPECTION ORG.

Scott Baxter	07/07/2021
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *	DATE (MM/DD/YY) *

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