



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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(512) 539-5716
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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# *	* ☐ 1ST INSPECTION	☐ INTERNAL ☒ EXTERNAL	STATUS: * ☒ ACTIVE	☐ DISCONNECTED IN PLACE	☐ EXEMPT	☒ NEW
TX263797	☒ SUBSEQUENT	☒ NON-CERTIFICATE	☐ JUNKED	☐ DISPOSITION UNKNOWN		☐ 2ND HAND

IDENTIFIED BY: *	☐ DECAL ☐ STAMP ☒ TAG	VARIANCE: *	☐ YES ☒ NO	TEXAS SPECIAL: *	☐ YES ☒ NO
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PHYSICAL ADDRESS (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
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NAME *	NAME	NAME
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Mahard Egg Farms (VERNON FARM) **Vernon Farm** **Vernon Farm**

(Address 1) *
21080 County Road 87 N **21080 County Road 87 N** **21080 County Road 87 N**

(City, State, Zip) *
Chillicothe, TX 79225-2029 **Chillicothe, TX 79225-2029** **Chillicothe, TX 79225-2029**

LOCATION PHONE: **940.887.3227** OWNER PHONE: **940.887.3224** CONTACT NAME: **Tony Brown**

OBJECT LOCATION: * OWNER EMAIL: **tonybrown_73@yahoo.com** CONTACT PHONE: **940.887.3224**

BLR RM Nature of Business: **Agriculture** CONTACT EMAIL: **tonybrown_73@yahoo.com**

MANUFACTURER *		NAT'L BOARD #		SERIAL NUMBER		MFGR MODEL #	
Raypak		272131		C15272131		MT2V1500	

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
160	2015	36	Water Tube	Hot Water Supply	135		1550000		H

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	☐ PROBE TYPE	☐ FLOAT & CHAMBER	Propane		1550000	
125	2289000	1	☒ FLOW SWITCH	☐ OTHER _____			BTU/HR OUTPUT	
LOWEST *			☒ BTU/HR ☐ #/HR	MAWP: 250			1275000	

EXPANSION TANK ASME * ☐ YES ☐ NO ☒ N/A EXPANSION TANK MAWP EXTERNAL PIPE ASME ☐ YES ☐ NO ☒ N/A

EXTENSION INSPECTION? ☐ YES ☐ NO EXTENSION APPROVAL DATE (IF APPLICABLE)

Comments: No adverse conditions noted.

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

Lorenzo Moore

2005
TX COMMISSION #

Travelers
INSPECTION ORG.

Tony Brown
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

01/26/2018
DATE (MM/DD/YY) *

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