



**STATE OF MARYLAND**  
**WILLIAM DONALD SCHAEFER**  
 Governor  
**WILLIAM A. FOGLE, JR.**  
 Secretary  
**HENRY KOELLEIN, JR.**  
 Commissioner

Department of Licensing and Regulation  
 DIVISION OF LABOR AND INDUSTRY  
 BOILER AND PRESSURE VESSEL SAFETY  
 501 ST. PAUL PLACE  
 BALTIMORE, MARYLAND 21202-2272

**DIRECT DIAL 301/333-4160**

OUTSIDE BALTIMORE METRO AREA, TOLL FREE 1-800-492-6226 X4160

**BOILER AND PRESSURE VESSEL INSPECTIONS**

INSP AGCY \_\_\_\_\_ INS CODE \_\_\_\_\_

1	DATE INSPECTED 6-27-88	EXP. DATE UNKN	CERT. POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	OWNER NO.	STATE NUMBER MD 457314	NAT'L BD. NO.	SERIAL NO.	POLICY / INDEX NO.
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2	OWNER UNITED EVANGELICAL CHURCH			3 USER'S NAME - OBJECT LOCATION SAME				
OWNER STREET ADDRESS 923-943 EAST AVE			USER'S STREET ADDRESS SAME					
OWNER CITY BALT		STATE MD	ZIP CODE 21224	USER'S CITY SAME		STATE	ZIP CODE	
4	NATURE OF BUSINESS CHURCH	PRIMARY SIC	KIND OF INSPECTION <input type="checkbox"/> Int. <input checked="" type="checkbox"/> Ext.		SPECIFIC OBJECT LOCATION IN PLANT BSMT		COUNTY CITY	

5	TYPE OF OBJECT (H.T., V.T., W.T., C.I., TANK, KETTLE, ETC.) FINGURE	YR. BUILT 53 1951	MANUFACTURER PACIFIC	TYPE OF INSPECTION
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6	USE STORAGE _____ PROCESS _____ HEAT <u>Y</u> OTHER _____ (Be Specific)	METHOD OF FIRING (Hand, Stoker, Auto-Burner, etc.) AUTO	FUEL USED (COAL, OIL, GAS, PULV., ETC.) OIL
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7	PRESSURE ALLOWED THIS INSP. 15	PREV. INSP.	SAFETY RELIEF VALVES SET AT 150	SAFETY RELIEF VALVE CAPACITY CFM _____ LBS/HR _____ BTU/HR _____ OTHER _____
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8	IS CONDITION SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, explain under #9a)	HYDRO TEST <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI / Date _____	PRESSURE GAUGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
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9 WITH RESPECT TO THE INTERNAL SURFACE, DESCRIBE AND STATE LOCATION OF ANY SCALE, OIL OR OTHER DEPOSITS. GIVE LOCATION AND EXTENT OF ANY CORROSION AND STATE WHETHER ACTIVE OR INACTIVE. STATE LOCATION AND EXTENT OF ANY EROSION, GROOVING, BULGING, WARPING, CRACKING OR SIMILAR CONDITION. REPORT ON ANY DEFECTIVE RIVETS, BOWED, LOOSE OR BROKEN STAYS. STATE CONDITION OF ALL TUBES, TUBE ENDS, COILS, NIPPLES, ETC. DESCRIBE ANY ADVERSE CONDITIONS WITH RESPECT TO PRESSURE GAUGE, WATER COLUMN, GAUGE GLASS, GAUGE COCKS, SAFETY VALVES, ETC. REPORT CONDITION OF SETTING, LININGS, BAFFLES, SUPPORTS, ETC. DESCRIBE ANY MAJOR CHANGES OR REPAIRS MADE SINCE LAST INSPECTION.  
HRVC 1180

9a FINDINGS / VIOLATIONS: THE BOILER WILL HAVE TO BE HYDROSTATICALLY TESTED TO INSURE SOUNDNESS OF THE REPAIR BEFORE A NEW CERTIFICATE CAN BE ISSUED, AND IT WILL HAVE TO BE INTERNALLY INSPECTED AT THAT TIME

10 REQUIREMENTS (LIST CODE VIOLATIONS):

11 COMMENTS: BOILER WAS RECENTLY RETUBED BY HARVEY SIMBAUGH

12 SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY  
 NAME: Michael S. Slechte TITLE: sect. TELEPHONE: 276-9393

13 SIGNATURE OF INSPECTOR  
 NAME: Edward Foster MD COMMISSION NO.: 399

14	FOR STATE USE ONLY:	INSPECTION FEE:	CERTIFICATE FEE:	GRATIS:	TOTAL:	OFFICE USE:
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FIRST NOTICE: WHEN INVOICE IS PAID (IF APPLICABLE) A CERTIFICATE WILL BE ISSUED.

WHITE - OFFICE COPY      CANARY - OWNER'S COPY      PINK - INSPECTOR'S COPY      BLUE - INSURANCE COMPANY COPY



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**BOILER AND PRESSURE VESSEL INSPECTIONS**

INSP AGCY	INS CODE
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1	DATE INSPECTED 6-29-58	EXP. DATE 1-55	CERT. POSTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OWNER NO.	STATE NUMBER 11045214H	NAT'L BD. NO.	SERIAL NO.	POLICY / INDEX NO.
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2	OWNER UNITED EVANGELICAL CHURCH	3	USER'S NAME - OBJECT LOCATION SAME
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OWNER STREET ADDRESS 923-943 EAST AVE	USER'S STREET ADDRESS SAME				
OWNER CITY BALT	STATE MD	ZIP CODE 21224	USER'S CITY SAME	STATE	ZIP CODE

4	NATURE OF BUSINESS CHURCH	PRIMARY SIC	KIND OF INSPECTION <input type="checkbox"/> Int. <input checked="" type="checkbox"/> Ext.	SPECIFIC OBJECT LOCATION IN PLANT BSMT	COUNTY CITY
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5	TYPE OF OBJECT (H.T., V.T., W.T., C.I., TANK, KETTLE, ETC.) FIRETUBE BOILER	YR. BUILT 1955	MANUFACTURER PACIFIC	TYPE OF INSPECTION
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6	USE STORAGE _____ PROCESS _____ HEAT <input checked="" type="checkbox"/> OTHER _____ (Be Specific)	METHOD OF FIRING (Hand, Stoker, Auto-Burner, etc.) AUTO	FUEL USED (COAL, OIL, GAS, PULV., ETC.) OIL
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7	PRESSURE ALLOWED THIS INSP. 30	PREV. INSP. 30	SAFETY RELIEF VALVES SET AT 30	SAFETY RELIEF VALVE CAPACITY CFM _____ LBS/HR _____ BTU/HR _____ OTHER _____
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8	IS CONDITION SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, explain under #9a)	HYDRO TEST <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI / Date _____	PRESSURE GAUGE TESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9 WITH RESPECT TO THE INTERNAL SURFACE, DESCRIBE AND STATE LOCATION OF ANY SCALE, OIL OR OTHER DEPOSITS. GIVE LOCATION AND EXTENT OF ANY CORROSION AND STATE WHETHER ACTIVE OR INACTIVE. STATE LOCATION AND EXTENT OF ANY EROSION, GROOVING, BULGING, WARPING, CRACKING OR SIMILAR CONDITION. REPORT ON ANY DEFECTIVE RIVETS, BOWED, LOOSE OR BROKEN STAYS. STATE CONDITION OF ALL TUBES, TUBE ENDS, COILS, NIPPLES, ETC. DESCRIBE ANY ADVERSE CONDITIONS WITH RESPECT TO PRESSURE GAUGE, WATER COLUMN, GAUGE GLASS, GAUGE COCKS, SAFETY VALVES, ETC. REPORT CONDITION OF SETTING, LININGS, BAFFLES, SUPPORTS, ETC. DESCRIBE ANY MAJOR CHANGES OR REPAIRS MADE SINCE LAST INSPECTION.

9a FINDINGS / VIOLATIONS: THE BOILER WILL HAVE TO BE HYDROSTATICALLY TESTED TO INSURE THE SOUNDNESS OF THE REPAIR BEFORE A NEW CERTIFICATE CAN BE ISSUED

10 REQUIREMENTS (LIST CODE VIOLATIONS):

11 COMMENTS:

12 SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY  
 NAME: Edward S. Slechte TITLE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

13 SIGNATURE OF INSPECTOR  
 NAME: Howard Entel MD COMMISSION NO. \_\_\_\_\_

14	FOR STATE USE ONLY:	INSPECTION FEE:	CERTIFICATE FEE:	GRATIS:	TOTAL:	OFFICE USE:
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**BOILER AND PRESSURE VESSEL INSPECTIONS**

INSP AGCY	INS CODE
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1	DATE INSPECTED 7-13-88	EXP. DATE	CERT. POSTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OWNER NO.	STATE NUMBER MD45214H	NAT'L BD. NO.	SERIAL NO.	POLICY / INDEX NO.
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2	OWNER UNITED EVANGELICAL CHURCH	3	USER'S NAME - OBJECT LOCATION SAME			
2	OWNER STREET ADDRESS 3200 DILLON ST	3	USER'S STREET ADDRESS SAME			
2	OWNER CITY BALT	STATE	ZIP CODE	USER'S CITY SAME	STATE	ZIP CODE
4	NATURE OF BUSINESS CHURCH	PRIMARY SIC	KIND OF INSPECTION <input type="checkbox"/> Int. <input checked="" type="checkbox"/> Ext.	SPECIFIC OBJECT LOCATION IN PLANT BSMT	COUNTY BALT CITY	

5	TYPE OF OBJECT (H.T., V.T., W.T., C.I., TANK, KETTLE, ETC.) F.T. BLR	YR. BUILT 1955	MANUFACTURER PACIFIC	TYPE OF INSPECTION
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6	USE STORAGE _____ PROCESS _____ HEAT <input checked="" type="checkbox"/> OTHER _____ (Be Specific)	METHOD OF FIRING (Hand, Stoker, Auto-Burner, etc.) AUT	FUEL USED (COAL, OIL, GAS, PULV., ETC.) OIL
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7	PRESSURE ALLOWED THIS INSP. 30	PREV. INSP.	SAFETY RELIEF VALVES SET AT 35	SAFETY RELIEF VALVE CAPACITY CFM _____ LBS/HR _____ BTU/HR _____ OTHER _____
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8	IS CONDITION SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, explain under #9a)	HYDRO TEST <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 35 PSI / Date 7-13-88	PRESSURE GAUGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
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9 WITH RESPECT TO THE INTERNAL SURFACE, DESCRIBE AND STATE LOCATION OF ANY SCALE, OIL OR OTHER DEPOSITS. GIVE LOCATION AND EXTENT OF ANY CORROSION AND STATE WHETHER ACTIVE OR INACTIVE. STATE LOCATION AND EXTENT OF ANY EROSION, GROOVING, BULGING, WARPING, CRACKING OR SIMILAR CONDITION. REPORT ON ANY DEFECTIVE RIVETS, BOWED, LOOSE OR BROKEN STAYS. STATE CONDITION OF ALL TUBES, TUBE ENDS, COILS, NIPPLES, ETC. DESCRIBE ANY ADVERSE CONDITIONS WITH RESPECT TO PRESSURE GAUGE, WATER COLUMN, GAUGE GLASS, GAUGE COCKS, SAFETY VALVES, ETC. REPORT CONDITION OF SETTING, LININGS, BAFFLES, SUPPORTS, ETC. DESCRIBE ANY MAJOR CHANGES OR REPAIRS MADE SINCE LAST INSPECTION.  
 MRVC 1,030,000 BTU

9a FINDINGS / VIOLATIONS: BOILER HELD "HYDRO" OF 35 PSI. HOWEVER THE STEM ON THE SAFETY VALVE IS CORRODED & WOULD NOT CLOSE WHEN HAND TESTED.

10 REQUIREMENTS (LIST CODE VIOLATIONS): INSTALL AN APPROVED SAFETY-RELIEF VALVE SET TO RELIEVE AT OR BELOW 30 PSI WITH A MINIMUM RELIEVING CAPACITY OF 1,030,000 BTU PER HOUR.

11 COMMENTS:

12 SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY  
 NAME: Michael S. Slechts TITLE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

13 SIGNATURE OF INSPECTOR  
 Seward E. Gales MD COMMISSION NO. 399

14	FOR STATE USE ONLY:	INSPECTION FEE:	CERTIFICATE FEE:	GRATIS:	TOTAL:	OFFICE USE:
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**BOILER AND PRESSURE VESSEL INSPECTIONS**

*REINSPECTION*

INSP AGCY	INS CODE
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1	DATE INSPECTED 7-13-88	EXP. DATE	CERT. POSTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OWNER NO.	STATE NUMBER MD45931H	NAT'L BD. NO.	SERIAL NO.	POLICY / INDEX NO.
2	OWNER UNITED EVANGELICAL CHURCH			USER'S NAME - OBJECT LOCATION SAME				
2	OWNER STREET ADDRESS 3200 DILLON ST			USER'S STREET ADDRESS SAME				
2	OWNER CITY BALT	STATE MD	ZIP CODE 21224	USER'S CITY SAME		STATE	ZIP CODE	
4	NATURE OF BUSINESS CHURCH	PRIMARY SIC	KIND OF INSPECTION <input type="checkbox"/> Int. <input checked="" type="checkbox"/> Ext.		SPECIFIC OBJECT LOCATION IN PLANT BSMT		COUNTY BALT CITY	
5	TYPE OF OBJECT (H.T., V.T., W.T., C.I., TANK, KETTLE, ETC.) F.T. BUR			YR. BUILT 85	MANUFACTURER PACIFIC		TYPE OF INSPECTION	
6	USE STORAGE _____ PROCESS _____ HEAT <input checked="" type="checkbox"/> OTHER _____ (Be Specific)	METHOD OF FIRING (Hand, Stoker, Auto-Burner, etc.) AUTO			FUEL USED (COAL, OIL, GAS, PULV., ETC.) OIL			
7	PRESSURE ALLOWED THIS INSP. 15	PREV. INSP.	SAFETY RELIEF VALVES SET AT 15		SAFETY RELIEF VALVE CAPACITY _____ CFM 5161 LBS/HR _____ BTU/HR _____ OTHER			
8	IS CONDITION SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain under #9a)			HYDRO TEST <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 22 PSI / Date 7-13-88			PRESSURE GAUGE TESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9	WITH RESPECT TO THE INTERNAL SURFACE, DESCRIBE AND STATE LOCATION OF ANY SCALE, OIL OR OTHER DEPOSITS. GIVE LOCATION AND EXTENT OF ANY CORROSION AND STATE WHETHER ACTIVE OR INACTIVE. STATE LOCATION AND EXTENT OF ANY EROSION, GROOVING, BULGING, WARPING, CRACKING OR SIMILAR CONDITION. REPORT ON ANY DEFECTIVE RIVETS, BOWED, LOOSE OR BROKEN STAYS. STATE CONDITION OF ALL TUBES, TUBE ENDS, COILS, NIPPLES, ETC. DESCRIBE ANY ADVERSE CONDITIONS WITH RESPECT TO PRESSURE GAUGE, WATER COLUMN, GAUGE GLASS, GAUGE COCKS, SAFETY VALVES, ETC. REPORT CONDITION OF SETTING, LININGS, BAFFLES, SUPPORTS, ETC. DESCRIBE ANY MAJOR CHANGES OR REPAIRS MADE SINCE LAST INSPECTION.							
9a	FINDINGS / VIOLATIONS: "HYDRO" FOR PURPOSE OF CHECKING RETUBING JOB NO DEFECTS NOTED							
10	REQUIREMENTS (LIST CODE VIOLATIONS): NONE							
11	COMMENTS:							
12	SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY			NAME Michael S. Slechte			TITLE Sect.	
13	SIGNATURE OF INSPECTOR			NAME James Carter			MD COMMISSION NO. 389	
14	FOR STATE USE ONLY:	INSPECTION FEE: 47	CERTIFICATE FEE: 45	GRATIS:	TOTAL:	OFFICE USE:		

FIRST NOTICE: WHEN INVOICE IS PAID (IF APPLICABLE) A CERTIFICATE WILL BE ISSUED.