



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# * TX161843	* <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 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 * LyondellBasell Chemicals (BCO)	NAME LyondellBasell Chemicals (BCO)	NAME in-House/Corporate Counsel
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(Address 1) * 5761 Underwood Rd	(Address 1) 5761 Underwood Rd	(Address 1) 1221 McKinney St Ste 700
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(City, State, Zip) * Pasadena, TX 77507-1031	(City, State, Zip) Pasadena, TX 77507-1031	(City, State, Zip) Houston, TX 77010-2045
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LOCATION PHONE:	OWNER PHONE: 281-474-0729	CONTACT NAME: Debtor's Attorney Steven D Cook
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OBJECT LOCATION: * 03-6000 - Waste Gas Boiler	OWNER EMAIL: paul.reed@lyondellbasell.com	CONTACT PHONE: 7133094629
	Nature of Business: Chemical	CONTACT EMAIL:

MANUFACTURER * Cleaver Brooks	NAT'L BOARD # 051740	SERIAL NUMBER 076966	MFGR MODEL #
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
700	1981	12	Water Tube	Power	3317		LB/HR		S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 610	TOTAL CAP. * 58364	# OF SAFETIES 2	<input checked="" type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Natural Gas	54000000
LOWEST * 580	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT 45900000
MAWP: 1480						

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 were noted during Inturnal Inspection.

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 Eddie McAbee	1206 _____ TX COMMISSION #	_____ INSPECTION ORG.
_____ Mr. Paul Reed, Supervisor SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*	06/17/2014 _____ DATE (MM/DD/YY) *	

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