



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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Technical
(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# * TX112788	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/> 2ND HAND	<input type="checkbox"/> NEW
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IDENTIFIED BY: * <input type="checkbox"/> DECAL <input type="checkbox"/> STAMP <input checked="" 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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Citgo Refinery	Citgo Petroleum Corporation	Citgo Petroleum Co
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(Address 1) *	(Address 1)	(Address 1)
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1801 Nueces Bay Blvd	1293 Eldridge Pkwy	PO Box 9176
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Corpus Christi, TX 78407-2221	Houston, TX 77077-1670	Corpus Christi, TX 78469-9176
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LOCATION PHONE: 361-844-4625	OWNER PHONE: 361-563-6293	CONTACT NAME: Bobby Graves
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: 361-844-5202
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EAST PLANT	Nature of Business: Refinery	CONTACT EMAIL:
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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BOILER ENGR	000602	613	NA
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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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75	1975	12	Fire Tube	Process	1990	0		4437-LB/HR	U
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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 type="checkbox"/> FLOAT & CHAMBER	Recovered Heat	BTU/HR INPUT	
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75	5343	1	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER _____		4437000	
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LOWEST *		<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: 75			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:

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

SIGNATURE OF INSPECTOR
Jose Giles

2068

TX COMMISSION #

INSPECTION ORG.

jerry seay
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

08/15/2017

DATE (MM/DD/YY) *

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