



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

**Licensing Division**  
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**Technical**  
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 Boilers@TDLR.Texas.gov

P.O. Box 12157 - Austin, Texas 78711 - 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 type="checkbox"/> NEW
TX116817	<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 checked="" type="checkbox"/> YES <input 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
LyondellBasell Chemicals (BCO)	LyondellBasell Chemicals (BCO)	in-House/Corporate Counsel

(Address 1) *	(Address 1)	(Address 1)
5761 Underwood Rd	5761 Underwood Rd	1221 McKinney St Ste 700

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
Pasadena, TX 77507-1031	Pasadena, TX 77507-1031	Houston, TX 77010-2045

LOCATION PHONE:	OWNER PHONE: 281-474-0729	CONTACT NAME: Debtor's Attorney Steven D Cook
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OBJECT LOCATION: *	OWNER EMAIL: paul.reed@lyondellbasell.com	CONTACT PHONE: 7133094629
28-4103 - B Reactor Steam Drum	Nature of Business: Chemical	CONTACT EMAIL:

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Kobe	000032	805057	

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
950	1980	12	Process Steam Generator	Process	1500		LB/HR	LB/HR	U

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST *	TOTAL CAP. *	# OF SAFETIES	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Recovered Heat	BTU/HR OUTPUT
997	4891	2	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER <small>Pressure Differential</small>		
LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 2000		
950						

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 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 Eddie McAbee	1206 _____ TX COMMISSION #	_____ INSPECTION ORG.
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_____ Mr. Paul Reed, Supervisor SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *	09/10/2014 _____ DATE (MM/DD/YY) *
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IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? \*  YES  NO (IF NO, EXPLAIN FULLY UNDER VIOLATIONS)