



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# * TX263335	* <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 checked="" type="checkbox"/> NEW <input checked="" 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 * Kemin Worldwide Holdings Inc	NAME Kemin Worldwide Holdings Inc	NAME Kemin Industries
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(Address 1) * 75 N State Highway 173	(Address 1) 2100 Maury St	(Address 1) 703B W Oaklawn Rd
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(City, State, Zip) * Jourdanton, TX 78026-5304	(City, State, Zip) Des Moines, IA 50317-1134	(City, State, Zip) Pleasanton, TX 78064-4039
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LOCATION PHONE: 806-364-6861	OWNER PHONE: 515-240-2192	CONTACT NAME: R. J. Gutierrez
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OBJECT LOCATION: * Boiler Room	OWNER EMAIL:	CONTACT PHONE: 806-364-6861
	Nature of Business: Production	CONTACT EMAIL: rjgutierrez@kemin.com

MANUFACTURER * CLEAVER BROOKS	NAT'L BOARD # 043195	SERIAL NUMBER L65550	MFGR MODEL # CB-200-200
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	1978	12	Fire Tube	Process	1000			6695-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST * 150	TOTAL CAP. * 10841	# OF SAFETIES 2	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas			8369000	
LOWEST * 150	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____				BTU/HR OUTPUT	
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				

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: No adverse conditions noted at this time.

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
Adalberto A Rabadan

2073

TX COMMISSION #

INSPECTION ORG.

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *
R.J. Gutierrez

07/10/2019

DATE (MM/DD/YY) *

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