



# 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# * TX141903	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input 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 (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
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NAME * <b>Orion Engineered Carbons LLC</b>	NAME <b>ORION ENGINEERED CARBONS LLC</b>	NAME <b>ORION ENGINEERED CARBONS LLC</b>
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(Address 1) * <b>1513 Echo Ave</b>	(Address 1) <b>4501 MAGNOLIA COVE DR STE 106A</b>	(Address 1) <b>4501 MAGNOLIA COVE DR STE 106A</b>
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(City, State, Zip) * <b>Orange, TX 77632-2059</b>	(City, State, Zip) <b>Kingwood, TX 77345-2252</b>	(City, State, Zip) <b>Kingwood, TX 77345-2252</b>
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LOCATION PHONE:	OWNER PHONE: <b>409-980-7901</b>	CONTACT NAME: <b>Steve Burgin</b>
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OBJECT LOCATION: * <b>PLANT BLR AREA</b>	OWNER EMAIL: <b>steve.burgin@orioncarbons.com</b>	CONTACT PHONE: <b>409-980-7901</b>
	Nature of Business: <b>Refinery</b>	CONTACT EMAIL: <b>steve.burgin@orioncarbons.com</b>

MANUFACTURER * <b>ABCO</b>	NAT'L BOARD # <b>002430</b>	SERIAL NUMBER <b>8721</b>	MFGR MODEL # <b>3721</b>
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
<b>150</b>	<b>1987</b>	<b>12</b>	<b>Fire Tube</b>	<b>Power</b>	<b>1960</b>			<b>8500-LB/HR</b>	<b>U</b>

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *		BTU/HR INPUT	
SET PRESSURE HIGHEST * <b>150</b>	TOTAL CAP. * <b>12010</b>	# OF SAFETIES <b>2</b>	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Recovered Heat				
LOWEST * <b>150</b>	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
			MAWP: <b>150</b>					BTU/HR OUTPUT <b>8500000</b>	

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: cleared violation holes have been repaired

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  
Dionna Dennard

2011  
\_\_\_\_\_  
TX COMMISSION #

TDLR  
\_\_\_\_\_  
INSPECTION ORG.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*  
Steve Burgin

05/22/2017  
\_\_\_\_\_  
DATE (MM/DD/YY) \*

IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? *	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(IF NO, EXPLAIN FULLY UNDER VIOLATIONS)
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