



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
(512) 463-6599 - (800) 803-9202
Fax (512) 475-2871 csboiler@tdlr.texas.gov

Technical
(512) 539-5716
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# * TX068472	* <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 * DCP Pegasus Plant	NAME DCP Pegasus Plant	NAME DCP Pegasus Plant
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(Address 1) * Intersection TX349/ FM 1788	(Address 1) 23900 S FM 1788	(Address 1) 23900 S FM 1788
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(City, State, Zip) * Midland, TX 79707-1564	(City, State, Zip) GOLDSMITH, TX 79755	(City, State, Zip) GOLDSMITH, TX 79755
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LOCATION PHONE:	OWNER PHONE: 432-620-4083	CONTACT NAME: DAVID JAMES
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OBJECT LOCATION: * BLR RM	OWNER EMAIL: DRJames@dcpmidstream.com	CONTACT PHONE: 432-620-4083
	Nature of Business: Oil and Gas	CONTACT EMAIL: DRJames@dcpmidstream.com

MANUFACTURER * SUPERIOR	NATL BOARD # NB7533	SERIAL NUMBER 7533	MFGR MODEL # none
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	1976	12	Fire Tube	Power	2506		20048	20048-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 145	TOTAL CAP. * 28112	# OF SAFETIES 2	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	Natural Gas	BTU/HR OUTPUT
LOWEST * 145	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			

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)
Comments:	

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 Luciano Tuason	1898 _____ TX COMMISSION #	ARISE Incorporated _____ INSPECTION ORG.
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_____ SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION * David James	03/07/2018 _____ 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)