



FORM U-1 MANUFACTURER'S DATA REPORT FOR PRESSURE VESSELS As Required by the Provisions of the ASME Code Rules, Section VIII, Division 1

1. Ma	anufactured and c	ertified by RICS	A INDUSTRIAL S.A. D	E C.V. KILC	BAL	VANERA	CORREGIDORA, QUE (Name and address of	RETARO,	CP 7692	0 MEXICO	AMIENTO)	INDUS	IRIAL			
2. Mar	nufactured for	INVISTA S.A. S.I	R. 12455 STRANG RO	AD, LA POR	TE TX		.UU lame and address of Purc	haser)						 		
3. Loc	ation of installatio	n					UNKNOW (Name and addre	2001						_		
				-			·	5,50)			•					
4. Typ	e:	AL sphere)	CONTACT CONDENSER (Tank, separator, heat exh., etc.)							08-4983-1 (Mfg's. serial No.)						
		(HOILZ., VEIL., OF				•	separator, neat exit., etc.)				·	g u. u.	ŕ			
	///	24.11	08	8-4983-D-01 Drawing)		7.6		469 (Nat'l. Bd					(Year built)			
	(CF	•			NO.)		,	(Mari. Du	. 140.)				(TODI Daily			
5. ASI	ME Code, Section	ı VIII, Div. 1	EDITION 2 [Edition and Adder				(Code Case I	No.)	<u></u>	. .	[Spec	ial Service	e per UG-120	O(d)]		
	6-11 incl. to be o		ngle wall vessels, jac 5	kets of jack	cetėd v (l	<i>vessels,</i> : b) Overa	shell of heat exchange It length (ft & in.):	ers, or ch	amber of	multichar 19' - 6	nber ves i.0"	sels.				
	<u> </u>						Long. Joint (Cat. A)			m loint (C	at A R &	C)	Heat Tre	Freatment		
No.	Course(s Diameter, in.		Material Spec./Grade or Type	Thickness Nom. Corr.		Type	Full, Spot, None			Circum, Joint (Cat. A, B, & Type Full, Spot, None		Eff. Temp.		Time		
1	60" O.D	4'-11.5625"	SA-240-T304	0.250"	0	1	SPOT	85%	1 _	SP		85%				
2	60" O.D	4'-11.0625"	SA-240-T304 SA-240-T304	0.250" 0.250"	0	1	SPOT SPOT	85% 85%	1	SP SP		85% 85%				
1 1	60" O.D 60" O.D	3' - 3.375" 1' -5.0"	SA-240-T304 SA-240-T304	0.250"	0	1	SPOT	85%	1	SP		85%				
			SA-240-T304 /3			1	(b)			SA-240-	T304 / 30	4 1				
/. F	leads: (a)	(Mat'l Spe	ec. No., Grade or Type) (H.T Time &	Temp.	.)	(0)	(Mat'l Spec. N			No., Grade or Type) (H.T Time & Temp.)					
	Location (Top,	Thickness	Radius	Elliptical		conical	Hemispherical		Flat	Side to F		Tuno	Category Full, Spot,			
1	Bottom, Ends) BOTTOM	Min. Corr. 0.312" 0	Crown Knuckle	Ratio 2:1	Ape	ex Angle	Radius		ameter	Convex	Concave YES	1	FULL	100%		
2	TOP	0.312" 0		2:1							YES	1	. FULL	. 100%		
	f bar, give dimens	ions	- psi at max. te		000		Jacket closure			(Describe		If bolted	 ir, etc.) l, describe o °F at1			
		• • • • • • • • • • • • • • • • • • • •	•	PER UHA- o and the cor	51 (d) nponen	& UC-Se	66 (c) t tested]	1/2	at tes	st tempera	ature of			°F.		
Items	12 and 13 to be	completed for t	ube sections.													
12. Tubesheet:				. (subject to p	ress.)]		(Nom. thk., in.)	(Nom. thk., in.) (C			Corr. Allow., in.)			[Attachment (welded or bolted)]		
	[Floatin	lom. thk., in.)	(Corr. Allow., in.)				(Attachment)									
13. T	(Mat'l S	pec. No., Grade or	* *	D.D., in.)		`	Nom. thk., in. or gauge)			(Number)	<u> </u>	[Type (Straight	or U)]		
Items 14. Si		e completed for course(s)	inner chambers of ja	cketed ves:	sels oi 		Is of heat exchangers. Overall length (ft & ir						· .	•		
	Course(s	;}	Material	Thickne	SS	T	Long. Joint (Cat. A)		Circu	um. Joint (C			Heat Tr	eatment		
No.	Diameter, in.	Length (ft & in.)	Spec./Grade or Type	Nom.	Corr.	Туре	Full, Spot, None	Eff.	Туре	Full, Sp	ot, None	Eff.	Temp.	Time		
15. H	eads: (a)	(Mat'l Spe	c. No Grade or Type) (h	 IT - Time &	Temn \	1	(b)	(Ma	r'l Spec. No	o., Grade o	Type) (H.	 T Time	& Temp.)			
			T				T		•					. ^		
	Location (Top, Bottom, Ends)	Thickness Min. Corr.	Radius Crown Knuckie	Elliptical Ratio		Conical ex Angle	Hemispherical Radius	Di	Flat ameter	Side to	Pressure Concave	туре	Categor Full, Spot,	None Eff.		
					T -											
If rem	ovable, bolts used	I (describe other	fastening)				(Mat'l S	pec. No., G	rade, size,	No.)						



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FORM U-1 (Back)												
16. MAWP		·	psi at max. ten	1p		°F. Mir	n. design metal tem	o	°F	Fat	psi.	
(internal)	(external)		(internal) (externa	al)						
17. Impact test at test temperature of °F.												
18. Hydro., pneu., or comb. test press. Proof test												
19. Nozzles, inspection, and safety valve openings:												
	and s			I			·		F 60 41	,		
Purpose (Inlet, Outlet, Drain, etc.)	No.	Diameter or Size	Flange Type	Mate Nozzle	Flange	Nom.	Thickness Corr.	Reinforcement Material	Flow At Nozzle	rtached Flange	Location (Insp. Open.)	
OUTLET	3 1	NPS 2	WNCL-150	SA-312T304		SCH.80s	0		UW 16.1 (c)			
INLET	1	NPS 2 NPS 24	WNCL-150 LJ CL-150	SA-312T304 SA-240T304	SA-182F304 SA-105	SCH-80s 0.375"	0	SA-240T304	UW 16.1 (a) UW 16.1 (d)	FIG. 2-4 (6)	TOP HEAD	
INLET	1	NPS 3/4	LWN CL-150	SA-312T304			0		UW 16.1 (c)	···		
INLET	1	NPS 1-1/2	WNCL-150	SA-312T304	SA-182F304	SCH.80s	0		UW 16.1 (c)	FIG. 2-4 (6)		
OUTLET	1	NPS 16	LJ CL-150	SA-240T304	SA-105	0.375"	0	SA-240T304	UW 16.1 (d)			
INLET	.1	NPS 20 NPS 14	LJ CL-150 LJ CL-150	SA-240T304 SA-240T304		0.250" 0.250"	0 .	SA-240T304 SA-240T304	UW 16.1 (d) UW 16.1 (d)			
							·					
20. Supports: Skirt NO Lugs Legs Others SADDLES & PADS FOR TRUNIONS OF LIFTING LUGS Attached SHELL / WELDED (Yes or no) (No.) (No.) (Describe) (Where and how)												
21 Manufacturor's Po	netial C	ata Banari	to proporty ide	ontified and	olanod by C	` `ammissioned l	nanastara haya h	on furnished	for the follow	ina itomo of		
21. Manufacturer's Partial Data Reports properly identified and signed by Commissioned Inspectors have been furnished for the following items of												
the report: (List the name of part, item number, mfg's. name and identifying number)												
22. Remarks:					·							
ZZ. Nemarks.				<u>, </u>						•		
HYDRO	STAT	IC TEST IN	VERTICAL PO	OSITION		FOR NO	N LETHAL SERVICE	<u> </u>				
PRESS	URE F	ELIEF DEV	ICE PER UG-	125 BY USE	R, Mfgr. Se	rial Die Marked o	on shell 08-4983-1					
				CER.	TIFICATE (OF SHOP CON	IPLIANCE				2-	
We certify that the statements in this report are correct and that all details of design, material, construction, and workmanship of this, vessel												
conform to the ASME Code for Pressure Vessels, Section VIII, Division 1.												
U Certificate of Authorization No. 28.988 Expires JUNE 18, 2011												
Date 7/08/08 Name RICSA INDUSTRIAL S.A. DE C.V. Signed Leticia Olvera M.												
(Manufacturer) (Representative)												
				CEI	PTIFICATE	OF SHOP INS	DECTION					
I, the undersigned, h	olding	a valid co	mmission issi					Inspectors an	d/or the Stat	e or Provinc	·e	
of GEORGIA		employed		aoa ay, ato t	HSB C		of	mopeotore un	HARTFOR			
have inspected the p				nis Manufact			7108/	08			and	
									with ASME C	ode, Seccti	on	
state that, to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel in accordance with ASME Code, Secction VIII, Division 1. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure												
vessel described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any												
personal injury or property damage or a loss of any kind arising from or connected with this inspection.												
Date 7/08/08	,	Signed A	rturo Llanos	1/1	wy.	Commissio	ns	125	68 "A", GA-67:	3		
			(Autho	rized in pector				Board incl. endor			No.)	
				CERTIFICA	AFE OF FI	ELD ASSEMBL	Y COMPLIANCI	<u>,</u>	•			
We certify that the s	tatem	ents on thi							ssel conform	s with the		
requirements of ASN									Expires			
Date	N	ame				Signed			-			
Date				(Assembler)		Signed		(Rep	resentative)			
				CEDTIEIC	ATE OF FI	ELD ACCEMPI	LY INSPECTION		·			
I, the undersigned, h	oldino	a valid co	mmiceion icci						d/or the Stat	o or Provinc		
of	-	and employ		ued by the iv	auonai bo	ard or boiler and	i ressure vesser	mspectors an	u/or the State	e of Fromic		
of	·			compared t	the stateme	ents in this Manu	ıfacturer's Data R	eport with the	described pr	essure vess	sel	
and state that part re	eferred	to as data		,			, not included in					
inspected by me and				and belief, th	ne Manufac							
with the ASME Code								-		·.	psi.	
By signing this certif												
described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal												
injury or property damage or a loss of any kind arising from or connected with this inspection.												
Date		Signed	4	,		Commiss	ions					
Date		Signed _	/ Auth	orized Inspecto	or).	Commiss		t'l Board incl. endo	rsements State	e Province an	d No)	
					··· /		(IVa	., Doard Hit. Chuc	roomonto, otali	, . 1041106, all		