



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# * TX239271	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input checked="" 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
-------------------	---	---	--	---	--	--	------------------------------

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
--	---	--

PHYSICAL ADDRESS <small>(if the physical address has changed a first inspection is required)</small>	OWNER ADDRESS	MAILING ADDRESS
---	---------------	-----------------

NAME * Victoria WLE, LP	NAME Victoria WLE, LP	NAME Victoria WLE, LP
-----------------------------------	---------------------------------	---------------------------------

(Address 1) * 1205 S. Bottom Street	(Address 1) 1205 S. Bottom Street	(Address 1) 1205 S. Bottom Street
---	---	---

(City, State, Zip) * Victoria, TX 77901-9161	(City, State, Zip) Victoria, TX 77901-9161	(City, State, Zip) Victoria, TX 77901-9161
--	--	--

LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: Jeffery Martin
-----------------	--------------	-------------------------------------

OBJECT LOCATION: * HRSO LP	OWNER EMAIL: Nature of Business: Other	CONTACT PHONE: (361) 575-4934
--------------------------------------	--	--------------------------------------

MANUFACTURER * Thermal Engineering Int.	NAT'L BOARD # 000584	SERIAL NUMBER 17405-1C	MFGR MODEL #
---	--------------------------------	----------------------------------	--------------

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2003	12	Water Tube	Power	623485			64073-LB/HR	S

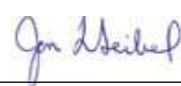
SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 154	TOTAL CAP. * 71623	# OF SAFETIES 3	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	Recovered Heat	BTU/HR OUTPUT	
LOWEST * 145	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER Transmitter			
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE) 10/05/2015
---	--

Comments: 1. Meets all requirements for extension.

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
 Jon Seibel

 1817
 TX COMMISSION #

 0105
 INSPECTION ORG.

 David Hernandez, Maintenance, (361) 484-0310
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

 11/03/2015
 DATE (MM/DD/YY) *

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