



TEXAS DEPARTMENT OF LICENSING & REGULATION

Regulatory Program Management Division • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599

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

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|----------|--|--|-----------------------------------|-----------|--|--|---------------------------------|---|
| TX# * | <input type="checkbox"/> 1ST INSPECTION | <input checked="" type="checkbox"/> INTERNAL | <input type="checkbox"/> EXTERNAL | STATUS: * | <input checked="" type="checkbox"/> ACTIVE | <input type="checkbox"/> DISCONNECTED IN PLACE | <input type="checkbox"/> EXEMPT | <input checked="" type="checkbox"/> NEW |
| TX192095 | <input checked="" type="checkbox"/> SUBSEQUENT | <input type="checkbox"/> NON-CERTIFICATE | | | <input type="checkbox"/> JUNKED | <input type="checkbox"/> DISPOSITION UNKNOWN | | <input type="checkbox"/> 2ND HAND |

| | | | | | | | | | |
|------------------|--------------------------------|---|------------------------------|-------------|------------------------------|--|------------------|------------------------------|--|
| IDENTIFIED BY: * | <input type="checkbox"/> DECAL | <input checked="" 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 * | NAME | NAME |
| Calpine Corporation-Bosque Energy Center | Calpine Corporation-Bosque Energy Center | Calpine Corporation-Bosque Energy Center |

| | | |
|-----------------------------|-------------|-------------|
| (Address 1) * | (Address 1) | (Address 1) |
| 557 Bosque County Road 3610 | PO Box 5436 | PO Box 5436 |

| | | |
|----------------------------|----------------------------|----------------------------|
| (City, State, Zip) * | (City, State, Zip) | (City, State, Zip) |
| Laguna Park, TX 76644-5436 | Laguna Park, TX 76644-5436 | Laguna Park, TX 76644-5436 |

| | | |
|------------------------------|---------------------------|-----------------------------|
| LOCATION PHONE: 254 622-2110 | OWNER PHONE: 254-622-8501 | CONTACT NAME: Douglas Kuehn |
|------------------------------|---------------------------|-----------------------------|

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|--------------------|---|-----------------------------|
| OBJECT LOCATION: * | BUSINESS EMAIL: Larry.small@calpine.com | CONTACT PHONE: 245-622-8504 |
|--------------------|---|-----------------------------|

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|--------|---------------------------|---|
| Unit 3 | Nature of Business: Other | BUSINESS EMAIL: douglas.kuehn@calpine.com |
|--------|---------------------------|---|

| | | | |
|----------------|---------------|---------------|--------------|
| MANUFACTURER * | NAT'L BOARD # | SERIAL NUMBER | MFGR MODEL # |
|----------------|---------------|---------------|--------------|

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| Alstom | 024151 | 66008400 | |
|--------|--------|----------|--|

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|---------------|--------------|------------|------------|-----------------|-----------|-----------------|-----------|---------|-----------|--------------|
| Boiler MAWP * | YEAR BUILT * | INTERVAL * | BLR TYPE * | BLR USE CLASS * | BLR USE * | HEATING SURFACE | CAP (GAL) | MIN SRV | MAX STEAM | ASME STAMP * |
|---------------|--------------|------------|------------|-----------------|-----------|-----------------|-----------|---------|-----------|--------------|

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|------|------|----|-----------------|--------------|---------------------------|---------|--|--|--------------|---|
| 2125 | 2000 | 12 | Fire/Water Tube | Power Boiler | Steam Greater than 15 PSI | 1627334 | | | 399000-LB/HR | S |
|------|------|----|-----------------|--------------|---------------------------|---------|--|--|--------------|---|

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|--------------------------|--|--|-----------------------|--|--|--------|--|--------------|--|--|
| SAFETY RELIEF VALVE DATA | | | LOW WATER CUTOFF TYPE | | | FUEL * | | BTU/HR INPUT | | |
|--------------------------|--|--|-----------------------|--|--|--------|--|--------------|--|--|

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|------------------------|--------------|---------------|-------------------------------------|--|----------------|---------------|
| SET PRESSURE HIGHEST * | TOTAL CAP. * | # OF SAFETIES | <input type="checkbox"/> PROBE TYPE | <input type="checkbox"/> FLOAT & CHAMBER | Recovered Heat | BTU/HR OUTPUT |
|------------------------|--------------|---------------|-------------------------------------|--|----------------|---------------|

| | | | | | | |
|------|--------|---|--------------------------------------|---|--|--|
| 2189 | 652114 | 2 | <input type="checkbox"/> FLOW SWITCH | <input checked="" type="checkbox"/> OTHER Transmitter | | |
|------|--------|---|--------------------------------------|---|--|--|

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|----------|--|---------------------------------|--|------------|--|--|
| LOWEST * | | <input type="checkbox"/> BTU/HR | <input checked="" type="checkbox"/> #/HR | MAWP: 3000 | | |
|----------|--|---------------------------------|--|------------|--|--|

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|-----------------------|------------------------------|-----------------------------|---|---------------------|--------------------|---|-----------------------------|------------------------------|
| 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:

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| ITEM # - LAW/RULE | VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY) |
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I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

Michael J. Winters

SIGNATURE OF INSPECTOR

Michael Winters

2024

TX COMMISSION #

ARISE Incorporated

INSPECTION ORG.

Kyle Zimmerman

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

04/16/2020

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) |
|---|---|-----------------------------|---|