



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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 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# *	* <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 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: * DECAL STAMP TAG VARIANCE: * YES NO TEXAS SPECIAL: * YES NO

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
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Calpine Corporation-Bosque Energy Center	Calpine Corporation-Bosque Energy Center	Calpine Corporation-Bosque Energy Center
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(Address 1) *	(Address 1)	(Address 1)
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557 Bosque County Road 3610 PO Box 5436	557 Bosque County Road 3610 PO Box 5436	557 Bosque County Rd 3610 PO Box 5436
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Laguna Park, TX 76644-5436	Laguna Park, TX 76644-5436	Laguna Park, TX 76644-5436
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LOCATION PHONE: 254 622-2110	OWNER PHONE:	CONTACT NAME: Dean Thrall
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE:
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HRSG	Nature of Business: Other	CONTACT EMAIL: Dean.Thrall@calpine.com
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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 *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
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2125	2000	12	Water Tube	Power	1627334				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
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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)
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Comments: No adverse conditions noted at time of inspection.

I HEREBY CERTIFY THAT THIS IS A TRUE REPORT AS A RESULT OF MY INSPECTION.

F. Spencer Newman

SIGNATURE OF INSPECTOR
F. Spencer Newman

1380

TX COMMISSION #

0105

INSPECTION ORG.

Douglas Kuehn

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

03/05/2014

DATE (MM/DD/YY) *

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