



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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## 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 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 checked="" 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 * <b>Victoria WLE, LP</b>	NAME <b>Victoria WLE, LP</b>	NAME <b>Victoria WLE, LP</b>
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(Address 1) * <b>1205 S. Bottom Street</b>	(Address 1) <b>1205 Bottom St</b>	(Address 1) <b>1205 Bottom St</b>
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(City, State, Zip) * <b>Victoria, TX 77901-9161</b>	(City, State, Zip) <b>Victoria, TX 77901-9161</b>	(City, State, Zip) <b>Victoria, TX 77901-9161</b>
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LOCATION PHONE: <b>(361) 484-4251 Joey Ramirez</b>	OWNER PHONE: <b>(361) 484-0310</b>	CONTACT NAME: <b>Jason Hixson</b>
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OBJECT LOCATION: * <b>HRSRG LP</b>	BUSINESS EMAIL: <b>jhixson@victoriawlepower.com</b>	CONTACT PHONE: <b>(361) 484-0310</b>
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Nature of Business: <b>Utility</b>	BUSINESS EMAIL: <b>jhixson@victoriawlepower.com</b>
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MANUFACTURER * <b>Thermal Engineering Int.</b>	NAT'L BOARD # <b>000584</b>	SERIAL NUMBER <b>17405-1C</b>	MFGR MODEL #
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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 *
150	2003	12	Unfired	Power Boiler	Steam Greater than 15 PSI	623485			64073-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * 154	TOTAL CAP. * 65622	# 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 1000		EXTERNAL PIPE ASME <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE)
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Comments: Satisfactory internal certificate inspection. No adverse conditions found.

ITEM # - LAW/RULE	VIOLATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

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

*Manuel Del Bosque*

SIGNATURE OF INSPECTOR  
Manuel Del Bosque

1816  
TX COMMISSION #

ARISE Incorporated  
INSPECTION ORG.

David Hernandez, Maintenance  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

11/15/2021  
DATE (MM/DD/YY) \*

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