



# 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# * TX192095	<input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input type="checkbox"/> EXTERNAL <input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> 2ND HAND
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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 * <b>Calpine Corporation-Bosque Energy Center</b>	NAME <b>Calpine Corporation-Bosque Energy Center</b>	NAME <b>Calpine Corporation-Bosque Energy Center</b>
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(Address 1) * <b>557 Bosque County Road 3610</b>	(Address 1) <b>PO Box 5436</b>	(Address 1) <b>PO Box 5436</b>
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(City, State, Zip) * <b>Laguna Park, TX 76644-5436</b>	(City, State, Zip) <b>Laguna Park, TX 76644-5436</b>	(City, State, Zip) <b>Laguna Park, TX 76644-5436</b>
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LOCATION PHONE: <b>254 622-2110</b>	OWNER PHONE: <b>254-622-8501</b>	CONTACT NAME: <b>Douglas Kuehn</b>
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OBJECT LOCATION: * <b>Unit 3</b>	BUSINESS EMAIL: <b>Larry.small@calpine.com</b>	CONTACT PHONE: <b>245-622-8504</b>
	Nature of Business: <b>Other</b>	BUSINESS EMAIL: <b>douglas.kuehn@calpine.com</b>

MANUFACTURER * <b>Alstom</b>	NAT'L BOARD # <b>024151</b>	SERIAL NUMBER <b>66008400</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 *
2125	2000	12	Fire/Water Tube	Power Boiler	Steam Greater than 15 PSI	1627334			399000-LB/HR	S

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE		FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * <b>2189</b>	TOTAL CAP. * <b>652114</b>	# OF SAFETIES <b>2</b>	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	<b>Recovered Heat</b>	BTU/HR OUTPUT
LOWEST * <b>2125</b>	<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 <b>3000</b>		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: No Adverse Conditions noted

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

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

*Michael J. Winters*  
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 SIGNATURE OF INSPECTOR  
 Michael Winters

2024  
 \_\_\_\_\_  
 TX COMMISSION #

ARISE Incorporated  
 \_\_\_\_\_  
 INSPECTION ORG.

Jeremiah Gibson  
 \_\_\_\_\_  
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

02/24/2021  
 \_\_\_\_\_  
 DATE (MM/DD/YY) \*

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