



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
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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"/> 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 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 (if the physical address has changed a first inspection is required)	OWNER ADDRESS	MAILING ADDRESS
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NAME *	NAME	NAME
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<b>Calpine Corporation-Bosque Energy Center</b>	<b>Calpine Corporation-Bosque Energy Center</b>	<b>Calpine Corporation-Bosque Energy Center</b>
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(Address 1) *	(Address 1)	(Address 1)
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<b>557 Bosque County Road 3610</b>	<b>PO Box 5436</b>	<b>PO Box 5436</b>
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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<b>Laguna Park, TX 76644-5436</b>	<b>Laguna Park, TX 76644-5436</b>	<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: *	OWNER EMAIL: <b>Larry.small@calpine.com</b>	CONTACT PHONE: <b>245-622-8504</b>
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<b>Unit 3</b>	Nature of Business: <b>Other</b>	CONTACT EMAIL: <b>douglas.kuehn@calpine.com</b>
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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<b>Alstom</b>	<b>024151</b>	<b>66008400</b>	
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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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<b>2125</b>	<b>2000</b>	<b>12</b>	<b>Fire/Water Tube</b>	<b>Power</b>	<b>1627334</b>			<b>399000-LB/HR</b>	<b>S</b>
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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	<b>Recovered Heat</b>	BTU/HR OUTPUT
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<b>2189</b>	<b>652114</b>	<b>2</b>	<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: <b>3000</b>
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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:

Internal inspection conducted, No adverse conditions noted at time of inspection.

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.

SIGNATURE OF INSPECTOR

Jose Berrones

1858

TX COMMISSION #

0105

INSPECTION ORG.

Douglas Kuehn

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

04/20/2017

DATE (MM/DD/YY) \*

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