



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

TX# *	<input type="checkbox"/> 1ST INSPECTION	<input type="checkbox"/> INTERNAL	<input checked="" 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 checked="" 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
Unit 3	Nature of Business: Other	BUSINESS EMAIL: douglas.kuehn@calpine.com

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Alstom	024151	66008400	

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 *	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		
LOWEST *		<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 3000		
2125						

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: At time of inspection no deficiencies were noted that would prohibit the recommendation to issue the Certificate of Operation.

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
SIGNATURE OF INSPECTOR

Michael Winters

2024

TX COMMISSION #

ARISE Incorporated

INSPECTION ORG.

Lyle Eubank

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *

04/22/2021

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)
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