



# 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# * TX239271	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	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"/> 2ND HAND	<input type="checkbox"/> NEW
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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 S. Bottom Street</b>	(Address 1) <b>1205 S. Bottom Street</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:	OWNER PHONE:	CONTACT NAME: <b>Jeffery Martin</b>
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OBJECT LOCATION: * <b>HRSO LP</b>	OWNER EMAIL:	CONTACT PHONE: <b>(361) 575-4934</b>
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	Nature of Business: <b>Other</b>	CONTACT EMAIL: <b>jmartin@camstex.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 * <b>150</b>	YEAR BUILT * <b>2003</b>	INTERVAL * <b>12</b>	BLR TYPE * <b>Unfired</b>	BLR USE * <b>Power</b>	HEATING SURFACE <b>623485</b>	CAP (GAL)	MIN SRV	MAX STEAM <b>64073-LB/HR</b>	ASME STAMP * <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 * <b>154</b>	TOTAL CAP. * <b>71623</b>	# OF SAFETIES <b>3</b>	<input type="checkbox"/> PROBE TYPE	<input type="checkbox"/> FLOAT & CHAMBER	<b>Recovered Heat</b>	BTU/HR OUTPUT			
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LOWEST * <b>145</b>	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: <b>1000</b>	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER Transmitter					
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EXTENSION APPROVAL DATE (IF APPLICABLE) <b>02/19/2014</b>
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Comments: 1. Meets all requirements for extension.

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.**

*Jon Seibel*

SIGNATURE OF INSPECTOR

Jon Seibel

1817

TX COMMISSION #

0105

INSPECTION ORG.

David Hernandez, Maintenance, (361) 575-4934

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION\*

02/19/2014

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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