



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
(512) 463-6599 - (800) 803-9202  
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# *<br>TX192095 | * <input type="checkbox"/> 1ST INSPECTION<br><input checked="" type="checkbox"/> SUBSEQUENT | <input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL<br><input type="checkbox"/> NON-CERTIFICATE | STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> EXEMPT<br><input type="checkbox"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN | <input checked="" type="checkbox"/> NEW<br><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 |
|--|---|--|

|   |               |                 |
|---|---------------|-----------------|
| PHYSICAL ADDRESS<br><small>(if the physical address has changed a first inspection is required)</small> | OWNER ADDRESS | MAILING ADDRESS |
|---|---------------|-----------------|

|        |      |      |
|--------|------|------|
| NAME * | NAME | NAME |
|--------|------|------|

|   |   |   |
|---|---|---|
| <b>Calpine Corporation-Bosque Energy Center</b> | <b>Calpine Corporation-Bosque Energy Center</b> | <b>Calpine Corporation-Bosque Energy Center</b> |
|---|---|---|

|               |             |             |
|---------------|-------------|-------------|
| (Address 1) * | (Address 1) | (Address 1) |
|---------------|-------------|-------------|

|                                    |                    |                    |
|------------------------------------|--------------------|--------------------|
| <b>557 Bosque County Road 3610</b> | <b>PO Box 5436</b> | <b>PO Box 5436</b> |
|------------------------------------|--------------------|--------------------|

|                      |                    |                    |
|----------------------|--------------------|--------------------|
| (City, State, Zip) * | (City, State, Zip) | (City, State, Zip) |
|----------------------|--------------------|--------------------|

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Laguna Park, TX 76644-5436</b> | <b>Laguna Park, TX 76644-5436</b> | <b>Laguna Park, TX 76644-5436</b> |
|-----------------------------------|-----------------------------------|-----------------------------------|

|                                     |              |  |
|-------------------------------------|--------------|--|
| LOCATION PHONE: <b>254 622-2110</b> | OWNER PHONE: | CONTACT NAME: <b>Dean Thrall PLANT MGR</b> |
|-------------------------------------|--------------|--|

|                    |   |                |
|--------------------|---|----------------|
| OBJECT LOCATION: * | OWNER EMAIL: <b>Dean.Thrall@calpine.com</b> | CONTACT PHONE: |
|--------------------|---|----------------|

|               |                                  |   |
|---------------|----------------------------------|---|
| <b>Unit 3</b> | Nature of Business: <b>Other</b> | CONTACT EMAIL: <b>Dean.Thrall@calpine.com</b> |
|---------------|----------------------------------|---|

|                |               |               |              |
|----------------|---------------|---------------|--------------|
| MANUFACTURER * | NAT'L BOARD # | SERIAL NUMBER | MFGR MODEL # |
|----------------|---------------|---------------|--------------|

|               |               |                 |  |
|---------------|---------------|-----------------|--|
| <b>Alstom</b> | <b>024151</b> | <b>66008400</b> |  |
|---------------|---------------|-----------------|--|

|               |              |            |            |           |                 |           |         |           |              |
|---------------|--------------|------------|------------|-----------|-----------------|-----------|---------|-----------|--------------|
| Boiler MAWP * | YEAR BUILT * | INTERVAL * | BLR TYPE * | BLR USE * | HEATING SURFACE | CAP (GAL) | MIN SRV | MAX STEAM | ASME STAMP * |
|---------------|--------------|------------|------------|-----------|-----------------|-----------|---------|-----------|--------------|

|             |             |           |                        |              |                |  |  |                     |          |
|-------------|-------------|-----------|------------------------|--------------|----------------|--|--|---------------------|----------|
| <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> |
|-------------|-------------|-----------|------------------------|--------------|----------------|--|--|---------------------|----------|

|                          |  |  |                       |  |  |        |  |              |  |
|--------------------------|--|--|-----------------------|--|--|--------|--|--------------|--|
| 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 | <b>Recovered Heat</b> | <b>BTU/HR OUTPUT</b> |
|------------------------|--------------|---------------|-------------------------------------|--|-----------------------|----------------------|

|             |               |          |                                      |   |
|-------------|---------------|----------|--------------------------------------|---|
| <b>2189</b> | <b>652114</b> | <b>2</b> | <input type="checkbox"/> FLOW SWITCH | <input checked="" type="checkbox"/> OTHER Transmitter |
|-------------|---------------|----------|--------------------------------------|---|

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

|  |                     |   |
|--|---------------------|---|
| 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 |
|--|---------------------|---|

|  |   |
|--|---|
| EXTENSION INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | EXTENSION APPROVAL DATE (IF APPLICABLE) |
|--|---|

Comments: Conditions Satisfactory

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

*Ken Powell*

SIGNATURE OF INSPECTOR

Ken Powell

807

TX COMMISSION #

0105

INSPECTION ORG.

Torreon Gandy

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

03/23/2016

DATE (MM/DD/YY) \*

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