



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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Technical
 (512) 539-5716
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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 checked="" 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 (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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Rockland Capital Victoria WLE, LP	Rockland Capital Victoria WLE, LP	Victoria WLE, LP
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(Address 1) *	(Address 1)	(Address 1)
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1205 S. Bottom Street	1205 S. Bottom Street	1205 Bottom St
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Victoria, TX 77901-9161	Victoria, TX 77901-9161	Victoria, TX 77901-9161
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LOCATION PHONE:	OWNER PHONE:	CONTACT NAME: Jeffery Martin
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OBJECT LOCATION: *	OWNER EMAIL:	CONTACT PHONE: (361) 484-0310
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HRSRG LP	Nature of Business: Other	CONTACT EMAIL: martin@victoriawlepower.com
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Thermal Engineering Int.	000584	17405-1C	
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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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150	2003	12	Water Tube	Power	623485			64073-LB/HR	S
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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	Recovered Heat	BTU/HR OUTPUT
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154	65622	3	<input type="checkbox"/> FLOW SWITCH	<input checked="" type="checkbox"/> OTHER Transmitter		
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LOWEST * 145	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: 1000	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) 08/01/2017
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Comments: Satisfactory external certificate inspection. Meets requirements for extension.

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

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

 SIGNATURE OF INSPECTOR
 Manuel Del Bosque

1816
 TX COMMISSION #

0105
 INSPECTION ORG.

David Hernandez, (361) 575-4934
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

10/23/2017
 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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