



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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 Fax (512) 475-2871 csboiler@tdlr.texas.gov

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 (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# * 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"/> NEW <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 |
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| | | |
|---------------|-------------|-------------|
| (Address 1) * | (Address 1) | (Address 1) |
|---------------|-------------|-------------|

| | | |
|------------------------------------|----------------------------------|----------------------------------|
| 557 Bosque County Road 3610 | 557 Bosque County Rd 3610 | 557 Bosque County Rd 3610 |
|------------------------------------|----------------------------------|----------------------------------|

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

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|-----------------------------------|-----------------------------------|-----------------------------------|
| Laguna Park, TX 76644-5436 | Laguna Park, TX 76644-5436 | Laguna Park, TX 76644-5436 |
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|-------------------------------------|--------------|--|
| LOCATION PHONE: 254 622-2110 | OWNER PHONE: | CONTACT NAME: Dean Thrall PLANT MGR |
|-------------------------------------|--------------|--|

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

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

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

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|---------------|---------------|-----------------|--|
| Alstom | 024151 | 66008400 | |
|---------------|---------------|-----------------|--|

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

| | | | | | | | | | |
|-------------|-------------|-----------|------------------------|--------------|----------------|--|--|---------------------|----------|
| 2125 | 2000 | 12 | Fire/Water Tube | Power | 1627334 | | | 399000-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 |
|------------------------|--------------|---------------|-------------------------------------|--|-----------------------|---------------|

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

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

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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.

| 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.

Torreon Gandy

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

05/14/2015

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) |
|---|---|---|