



# 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# * TX261806	* <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"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> 2ND HAND
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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>Aker BioMarine Manufacturing LLC</b>	NAME <b>Aker BioMarine Manufacturing LLC</b>	NAME <b>Aker BioMarine Manufacturing LLC</b>
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(Address 1) * <b>4494 Campbell Rd</b>	(Address 1) <b>4494 Campbell Rd</b>	(Address 1) <b>4494 Campbell Rd</b>
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(City, State, Zip) * <b>Houston, TX 77041-9100</b>	(City, State, Zip) <b>Houston, TX 77041-9100</b>	(City, State, Zip) <b>Houston, TX 77041-9100</b>
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LOCATION PHONE: <b>346 302 8955</b>	OWNER PHONE: <b>832 373 8338</b>	CONTACT NAME: <b>JUAN NOYOLA</b>
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OBJECT LOCATION: * <b>Boiler Room</b>	BUSINESS EMAIL: <b>Juan.noyola@akerbiomarine.com</b>	CONTACT PHONE: <b>346 302 8955</b>
	Nature of Business: <b>Manufacture</b>	BUSINESS EMAIL:

MANUFACTURER * <b>Hurst Boiler &amp; Welding Co. Inc.</b>	NAT'L BOARD # <b>19471</b>	SERIAL NUMBER <b>S943-150-1</b>	MFGR MODEL #
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Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE CLASS *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2013	12	Fire Tube	Power Boiler	Steam Greater than 15 PSI	943		12075-LB/HR	12075-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 checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas			BTU/HR OUTPUT	
LOWEST *		<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____					
150	21636	2	MAWP: 150						

EXPANSION TANK ASME * <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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: NO ADVERSE CONDITIONS NOTED.

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  
Carl Cederholm

2105  
TX COMMISSION #

\_\_\_\_\_  
INSPECTION ORG.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*  
KEVIN HILDRETH

02/09/2022  
DATE (MM/DD/YY) \*

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