



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# *	<input type="checkbox"/> 1ST INSPECTION	<input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> NEW
TX261806	<input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> NON-CERTIFICATE	<input type="checkbox"/> JUNKED <input type="checkbox"/> DISPOSITION UNKNOWN <input type="checkbox"/> 2ND HAND

IDENTIFIED BY: * DECAL STAMP TAG VARIANCE: * YES NO TEXAS SPECIAL: * YES NO

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

NAME *	NAME	NAME
Aker BioMarine Manufacturing LLC	porter hedges llp	porter hedges llp

(Address 1) *	(Address 1)	(Address 1)
4494 Campbell Rd	1000 Main St	1000 Main St

(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
Houston, TX 77041-9100	Houston, TX 77002-6336	Houston, TX 77002-6336

LOCATION PHONE: 713.714.5985	OWNER PHONE: 7132505500	CONTACT NAME: john f higgins
-------------------------------------	--------------------------------	-------------------------------------

OBJECT LOCATION: *	OWNER EMAIL: jhiggins@porterhedges.com	CONTACT PHONE: 7132505500
--------------------	---	----------------------------------

Boiler Room	Nature of Business: Manufacture	CONTACT EMAIL: jhiggins@porterhedges.com
--------------------	--	---

MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
Hurst Boiler & Welding Co. Inc.	19471	S943-150-1	

Boiler MAWP *	YEAR BUILT *	INTERVAL *	BLR TYPE *	BLR USE *	HEATING SURFACE	CAP (GAL)	MIN SRV	MAX STEAM	ASME STAMP *
150	2013	12	Fire Tube	Power	943			12025-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	2160800
LOWEST *		<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		BTU/HR OUTPUT
			MAWP: 150			1836000

EXPANSION TANK ASME * YES NO N/A EXPANSION TANK MAWP EXTERNAL PIPE ASME YES NO N/A

EXTENSION INSPECTION? YES NO EXTENSION APPROVAL DATE (IF APPLICABLE)

Comments: No adverse condition found at this time

CO 0

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
 Mike Spurling

1792

 TX COMMISSION #

TDLR

 INSPECTION ORG.

Juan Noyola

 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

06/15/2017

 DATE (MM/DD/YY) *

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