



# 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
-------------------	---	--	---	--

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
--	---	--

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

NAME *	NAME	NAME
--------	------	------

<b>Aker BioMarine Manufacturing LLC</b>	<b>Aker BioMarine Manufacturing LLC</b>	<b>Aker BioMarine Manufacturing LLC</b>
---	---	---

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

<b>4494 Campbell Rd</b>	<b>4494 Campbell Rd</b>	<b>4494 Campbell Rd</b>
-------------------------	-------------------------	-------------------------

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

<b>Houston, TX 77041-9100</b>	<b>Houston, TX 77041-9100</b>	<b>Houston, TX 77041-9100</b>
-------------------------------	-------------------------------	-------------------------------

LOCATION PHONE: <b>346 302 8955</b>	OWNER PHONE: <b>832 373 8338</b>	CONTACT NAME: <b>JUAN NOYOLA</b>
-------------------------------------	----------------------------------	----------------------------------

OBJECT LOCATION: *	BUSINESS EMAIL: <b>Juan.noyola@akerbiomarine.com</b>	CONTACT PHONE: <b>346 302 8955</b>
--------------------	--	------------------------------------

<b>Boiler Room</b>	Nature of Business: <b>Manufacture</b>	BUSINESS EMAIL:
--------------------	--	-----------------

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

<b>Hurst Boiler &amp; Welding Co. Inc.</b>	<b>19471</b>	<b>S943-150-1</b>	
--	--------------	-------------------	--

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

<b>150</b>	<b>2013</b>	<b>12</b>	<b>Fire Tube</b>	<b>Power Boiler</b>	<b>Steam Greater than 15 PSI</b>	<b>943</b>		<b>12075-LB/HR</b>	<b>12075-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 checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT
------------------------	--------------	---------------	-------------------------------------	---	-------------	---------------

<b>150</b>	<b>21636</b>	<b>2</b>	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____
------------	--------------	----------	--------------------------------------	--------------------------------------

LOWEST * <b>150</b>	<input type="checkbox"/> BTU/HR <input checked="" type="checkbox"/> #/HR	MAWP: <b>150</b>
---------------------	--	------------------

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: P STEAM ABOVE 15 PSI USED FOR PROCESSING

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

\_\_\_\_\_  
SIGNATURE OF INSPECTOR  
Russell Lansberry

1835  
TX COMMISSION #

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

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

09/07/2021  
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)
---	---	---