



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division  
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## 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 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
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<b>Aker BioMarine Manufacturing LLC</b>	<b>porter hedges llp</b>	<b>porter hedges llp</b>
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(Address 1) *	(Address 1)	(Address 1)
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<b>4494 Campbell Rd</b>	<b>1000 Main St</b>	<b>1000 Main St</b>
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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<b>Houston, TX 77041-9100</b>	<b>Houston, TX 77002-6336</b>	<b>Houston, TX 77002-6336</b>
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LOCATION PHONE: <b>713.714.5985</b>	OWNER PHONE: <b>7132505500</b>	CONTACT NAME: <b>john f higgins</b>
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OBJECT LOCATION: *	OWNER EMAIL: <b>jhiggins@porterhedges.com</b>	CONTACT PHONE: <b>7132505500</b>
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<b>Boiler Room</b>	Nature of Business: <b>Manufacture</b>	CONTACT EMAIL: <b>jhiggins@porterhedges.com</b>
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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<b>Hurst Boiler &amp; Welding Co. Inc.</b>	<b>19471</b>	<b>S943-150-1</b>	<b>1</b>
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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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<b>150</b>	<b>2013</b>	<b>12</b>	<b>Fire Tube</b>	<b>Power</b>	<b>943</b>			<b>12025-LB/HR</b>	<b>S</b>
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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 checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT	
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<b>100</b>	<b>15046</b>	<b>2</b>	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		<b>2160800</b>
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LOWEST *	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: <b>150</b>	<b>1836000</b>
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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: No adverse conditions noted at this time. Internal inspection shows no scale on tubes, tube sheets, or shell. Waterside clean with no residue. Fireside clean, main fireside shows no distortion or bulging. Refractory is clean with no spalling or material.

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.

2087

SIGNATURE OF INSPECTOR

Theodore Allaugh

TX COMMISSION #

INSPECTION ORG.

Juan Noyola

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

07/18/2018

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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