



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

**Licensing Division**  
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**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 type="checkbox"/> INTERNAL	<input checked="" 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 checked="" type="checkbox"/> NON-CERTIFICATE			<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
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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>	
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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	TOTAL CAP. *	# OF SAFETIES	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR INPUT	
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HIGHEST * <b>100</b>	<b>15050</b>	<b>2</b>	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____	<b>2160800</b>	
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LOWEST * <b>100</b>	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: <b>150</b>	<b>BTU/HR OUTPUT</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: Scheduled internal inspection for 06/11/2018.

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 346-32-8955

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION \*

05/30/2018

DATE (MM/DD/YY) \*

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