



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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 (512) 539-5716
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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# * TX261806	* <input type="checkbox"/> 1ST INSPECTION <input checked="" type="checkbox"/> SUBSEQUENT	<input type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	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 * Aker BioMarine Manufacturing LLC	NAME Aker BioMarine Manufacturing LLC	NAME Aker BioMarine
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(Address 1) * 4494 Campbell Rd	(Address 1) 4494 Campbell Rd	(Address 1) 4494 Campbell Rd
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(City, State, Zip) * Houston, TX 77041-9100	(City, State, Zip) Houston, TX 77041-9100	(City, State, Zip) Houston, TX 77041-9100
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LOCATION PHONE: 713.714.5985	OWNER PHONE:	CONTACT NAME: Juan Noyola
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OBJECT LOCATION: * Boiler Room	OWNER EMAIL:	CONTACT PHONE: 713-714-5971
	Nature of Business: Manufacture	CONTACT EMAIL: j.noyola@akerbiomarine.com

MANUFACTURER * Hurst Boiler & Welding Co. Inc.	NAT'L BOARD # 19471	SERIAL NUMBER S943-150-1	MFGR MODEL # 1
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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 * 150	TOTAL CAP. * 21636	# OF SAFETIES 2	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas		2160800
LOWEST * 150	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			BTU/HR OUTPUT 1836000
EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			EXPANSION TANK MAWP 150		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)
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Comments:

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
 Zachary Boyea

2095
 TX COMMISSION #

 INSPECTION ORG.

 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION *
 Kevin Hildreth

11/14/2018
 DATE (MM/DD/YY) *

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