



# 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# * 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 * <b>Aker BioMarine Manufacturing LLC</b>	NAME <b>Aker BioMarine Manufacturing LLC</b>	NAME <b>Aker BioMarine</b>
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(Address 1) * <b>4494 Campbell Rd</b>	(Address 1) <b>4494 Campbell Rd</b>	(Address 1) <b>4494 Campbell Rd</b>
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(City, State, Zip) * <b>Houston, TX 77041-9100</b>	(City, State, Zip) <b>Houston, TX 77041-9100</b>	(City, State, Zip) <b>Houston, TX 77041-9100</b>
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LOCATION PHONE: <b>713.714.5985</b>	OWNER PHONE:	CONTACT NAME: <b>Juan Noyola</b>
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OBJECT LOCATION: * <b>Boiler Room</b>	OWNER EMAIL:	CONTACT PHONE: <b>713-714-5971</b>
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Nature of Business: <b>Manufacture</b>	CONTACT EMAIL: <b>j.noyola@akerbiomarine.com</b>
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MANUFACTURER * <b>Hurst Boiler &amp; Welding Co. Inc.</b>	NAT'L BOARD # <b>19471</b>	SERIAL NUMBER <b>S943-150-1</b>	MFGR MODEL # <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 *
<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>

SAFETY RELIEF VALVE DATA			LOW WATER CUTOFF TYPE			FUEL *	BTU/HR INPUT
SET PRESSURE HIGHEST * <b>150</b>	TOTAL CAP. * <b>21636</b>	# OF SAFETIES <b>2</b>	<input type="checkbox"/> PROBE TYPE	<input checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	<b>2160800</b>	<b>BTU/HR OUTPUT</b> <b>1836000</b>
LOWEST * <b>150</b>	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____			

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:

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.
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_____ SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION * Kevin Hildeth	02/22/2019 DATE (MM/DD/YY) *
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IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? \*  YES  NO (IF NO, EXPLAIN FULLY UNDER VIOLATIONS)