



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# *	* <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 type="checkbox"/> NEW
TX261806	<input 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 type="checkbox"/> STAMP	<input type="checkbox"/> TAG	VARIANCE: *	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TEXAS SPECIAL: *	<input type="checkbox"/> YES	<input 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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Aker BioMarine	Aker BioMarine	Aker BioMarine
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(Address 1) *	(Address 1)	(Address 1)
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4494 Campbell Rd	4494 Campbell Rd	4494 Campbell Rd
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Houston, TX 77041-9100	Houston, TX 77041-9100	Houston, TX 77041-9100
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LOCATION PHONE:	OWNER PHONE: 713-714-5971	CONTACT NAME: Juan Noyola
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OBJECT LOCATION: *	OWNER EMAIL: j.noyola@akerbiomarinemfg.com	CONTACT PHONE: 713-714-5971
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Boiler Room	Nature of Business: Manufacture	CONTACT EMAIL: j.noyola@akerbiomarinemfg.com
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Hurst	19471		
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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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150	2013	12	Fire Tube	Process	943		12075-LB/HR		S
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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 type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT
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LOWEST *	15036	2	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		
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<input type="checkbox"/> BTU/HR	<input type="checkbox"/> #/HR	MAWP:	EXPANSION TANK ASME * <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	EXPANSION TANK MAWP	EXTERNAL PIPE ASME <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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: Non-certificate external conducted; scheduled Interanal inspection on 08/13/20105 with Juan Noyola (Chief Engineer) as required by TDLR boiler law & rules.

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

Salvador Guzman

SIGNATURE OF INSPECTOR

Salvador Guzman

1852

TX COMMISSION #

INSPECTION ORG.

Juan Noyola

SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

07/22/2015

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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