



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division
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Technical
 (512) 539-5716
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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 type="checkbox"/> INTERNAL <input checked="" type="checkbox"/> NON-CERTIFICATE	<input checked="" type="checkbox"/> EXTERNAL	STATUS: * <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> JUNKED	<input type="checkbox"/> DISCONNECTED IN PLACE <input type="checkbox"/> DISPOSITION UNKNOWN	<input type="checkbox"/> EXEMPT <input type="checkbox"/> 2ND HAND	<input checked="" type="checkbox"/> NEW
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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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Aker BioMarine Manufacturing LLC	porter hedges llp	porter hedges llp
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(Address 1) *	(Address 1)	(Address 1)
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4494 Campbell Rd	1000 Main St	1000 Main St
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(City, State, Zip) *	(City, State, Zip)	(City, State, Zip)
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Houston, TX 77041-9100	Houston, TX 77002-6336	Houston, TX 77002-6336
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LOCATION PHONE: 713.714.5985	OWNER PHONE: 7132505500	CONTACT NAME: john f higgins
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OBJECT LOCATION: *	OWNER EMAIL: jhiggins@porterhedges.com	CONTACT PHONE: 7132505500
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Boiler Room	Nature of Business: Manufacture	CONTACT EMAIL: jhiggins@porterhedges.com
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MANUFACTURER *	NAT'L BOARD #	SERIAL NUMBER	MFGR MODEL #
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Hurst Boiler & Welding Co. Inc.	19471	S943-150-1	
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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	Power	943			12025-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 checked="" type="checkbox"/> FLOAT & CHAMBER	Natural Gas	BTU/HR OUTPUT	
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100	15050	2	<input type="checkbox"/> FLOW SWITCH	<input type="checkbox"/> OTHER _____		2160800
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LOWEST *	<input type="checkbox"/> BTU/HR	<input checked="" type="checkbox"/> #/HR	MAWP: 150			1836000
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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: Did Internal in June 2017 did the external non cert 7/11/17

CO 0

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 / Joe Thomas
 SIGNATURE OF INDIVIDUAL PRESENT AT INSPECTION*

07/12/2017
 DATE (MM/DD/YY) *

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