

# ARISE Incorporated

## Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* <b>10/29/2018</b>	Cert. Exp Date* <b>10/29/2020</b>	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner No. <b>2357</b>	Jurisdiction Number* <b>2357</b>	Nat'l Bd. No. <b>2357</b>	Other No.
Owner <b>US Army Reserve Region 4 Zone C9-VA099</b>			Nature of Business		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address <b>1117 Harmony Ln</b>			Owner City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
User Name - Object Location <b>US Army Reserve Region 4 Zone C9-VA099</b>			Specific Location in Plant <b>boiler room</b>		Object Location - County <b>Bedford</b>	
User Street Address <b>1117 Harmony Ln</b>			User City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
Type <b>Water Tube</b>		Year Built	Manufacturer <b>Lochinvar</b>			
Use			Fuel <b>LP</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed	This Inspection <b>160</b>   psi	Prev. Inspection   psi	Safety Relief Valves Set At* <b>125</b>   psi	Total Capacity <b>169000 BTU/HR</b>	Heating Surface	
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hydro Test <input type="checkbox"/> Yes	PSI	DATE

**CONDITIONS:** With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

### REQUIREMENTS: (List of Code Violations)

Name and Title of Person to Whom Requirements Were Explained  
**Troy Craig**

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

*Henry W. Best*

Inspector Name <b>Henry Best</b>	Ident. No. <b>VA 682R NB-9038</b>	Employed By <b>ARISE Incorporated</b>	Ident. No.
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Owner <b>US Army Reserve Region 4 Zone C9-VA099</b>			Nature of Business		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>1117 Harmony Ln</b>			Owner City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
User Name - Object Location <b>US Army Reserve Region 4 Zone C9-VA099</b>			Specific Location in Plant <b>Boiler room</b>		Object Location - County <b>Bedford</b>	
User Street Address <b>1117 Harmony Ln</b>			User City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
Type <b>Water Tube</b>		Year Built	Manufacturer <b>Lochinvar</b>			
Use <b>Hot Water Supply</b>			Fuel <b>LP</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>160</b>   psi	Prev. Inspection   psi	Safety Relief Valves Set At* <b>160</b>   psi	Total Capacity <b>730000 BTU/HR</b>	Heating Surface	
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hydro Test <input type="checkbox"/> Yes	PSI	DATE
<input checked="" type="checkbox"/> No						

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Owner <b>US Army Reserve Region 4 Zone C9-VA099</b>			Nature of Business		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>1117 Harmony Ln</b>			Owner City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
User Name - Object Location <b>US Army Reserve Region 4 Zone C9-VA099</b>			Specific Location in Plant <b>Boiler room</b>		Object Location - County <b>Bedford</b>	
User Street Address <b>1117 Harmony Ln</b>			User City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
Type <b>Water Tube</b>		Year Built	Manufacturer <b>Lochinvar</b>			
Use <b>Hot Water Heating</b>			Fuel <b>LP</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>160</b>   psi	Prev. Inspection   psi	Safety Relief Valves Set At* <b>160</b>   psi	Total Capacity <b>697000 BTU/HR</b>	Heating Surface	
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hydro Test <input type="checkbox"/> Yes	PSI	DATE
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Owner <b>US Army Reserve Region 4 Zone C9-VA099</b>			Nature of Business		Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext	
Owner Street Address <b>1117 Harmony Ln</b>			Owner City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
User Name - Object Location <b>US Army Reserve Region 4 Zone C9-VA099</b>			Specific Location in Plant <b>Boiler room</b>		Object Location - County <b>Bedford</b>	
User Street Address <b>1117 Harmony Ln</b>			User City <b>Bedford</b>		State <b>VA</b>	Zip <b>24523</b>
Type <b>Water Tube</b>		Year Built	Manufacturer <b>Lochinvar</b>			
Use <b>Hot Water Heating</b>			Fuel <b>LP</b>	Method of Firing <b>Automatic</b>	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure <b>Allowed</b>	This Inspection <b>160</b>   psi	Prev. Inspection   psi	Safety Relief Valves Set At* <b>160</b>   psi	Total Capacity <b>697000 BTU/HR</b>	Heating Surface	
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