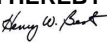


ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 10/29/2018		Cert. Exp Date* 10/29/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No. 2357		Jurisdiction Number* 2357		Nat'l Bd. No. 2357		Other No.	
Owner US Army Reserve Region 4 Zone C9-VA099						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 1117 Harmony Ln						Owner City Bedford				State VA		Zip 24523	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA099						Specific Location in Plant boiler room				Object Location - County Bedford			
User Street Address 1117 Harmony Ln						User City Bedford				State VA		Zip 24523	
Type Water Tube				Year Built		Manufacturer Lochinvar							
Use						Fuel LP		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 160 psi		Prev. Inspection psi		Safety Relief Valves Set At * 125 psi		Total Capacity 169000 BTU/HR		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					
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 													
Inspector Name Henry Best				Ident. No. VA 682R NB-9038				Employed By ARISE Incorporated				Ident. No.	

ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 10/29/2018		Cert. Exp Date* 10/29/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number* 2358		Nat'l Bd. No. 236336		Other No.	
Owner US Army Reserve Region 4 Zone C9-VA099						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 1117 Harmony Ln						Owner City Bedford				State VA		Zip 24523	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA099						Specific Location in Plant Boiler room				Object Location - County Bedford			
User Street Address 1117 Harmony Ln						User City Bedford				State VA		Zip 24523	
Type Water Tube				Year Built		Manufacturer Lochinvar							
Use Hot Water Supply						Fuel LP		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 160 psi		Prev. Inspection psi		Safety Relief Valves Set At * 160 psi		Total Capacity 730000 BTU/HR		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					
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)													
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Inspector Name Henry Best				Ident. No. VA 682R NB-9038				Employed By ARISE Incorporated				Ident. No.	

ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 10/29/2018		Cert. Exp Date* 10/29/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number* 2359		Nat'l Bd. No. 234409		Other No.	
Owner US Army Reserve Region 4 Zone C9-VA099						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 1117 Harmony Ln						Owner City Bedford				State VA		Zip 24523	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA099						Specific Location in Plant Boiler room				Object Location - County Bedford			
User Street Address 1117 Harmony Ln						User City Bedford				State VA		Zip 24523	
Type Water Tube				Year Built		Manufacturer Lochinvar							
Use Hot Water Heating						Fuel LP		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 160 psi		Prev. Inspection psi		Safety Relief Valves Set At * 160 psi		Total Capacity 697000 BTU/HR		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					
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 													
Inspector Name Henry Best				Ident. No. VA 682R NB-9038				Employed By ARISE Incorporated				Ident. No.	

ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 10/29/2018		Cert. Exp Date* 10/29/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number* 2360		Nat'l Bd. No. 234406		Other No.	
Owner US Army Reserve Region 4 Zone C9-VA099						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 1117 Harmony Ln						Owner City Bedford				State VA		Zip 24523	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA099						Specific Location in Plant Boiler room				Object Location - County Bedford			
User Street Address 1117 Harmony Ln						User City Bedford				State VA		Zip 24523	
Type Water Tube				Year Built		Manufacturer Lochinvar							
Use Hot Water Heating						Fuel LP		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 160 psi		Prev. Inspection psi		Safety Relief Valves Set At * 160 psi		Total Capacity 697000 BTU/HR		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					
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.													
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Name and Title of Person to Whom Requirements Were Explained Troy Craig													
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 													
Inspector Name Henry Best				Ident. No. VA 682R NB-9038				Employed By ARISE Incorporated				Ident. No.	