



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. Blr#2	Jurisdiction Number* ASSET2259	Nat'l Bd. No. SN E17Q21809	Other No. E17Q21809
Owner US Army Reserve Region 4 Zone C9-VA009			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 3502 Bennetts Creek Park Rd			Owner City Suffolk		State VA	Zip 23435-2375
User Name - Object Location US Army Reserve Region 4 Zone C9-VA009			Specific Location in Plant Mech Rm		Object Location - County Suffolk City	
User Street Address 3502 Bennetts Creek Park Rd			User City Suffolk		State VA	Zip 23435-2375
Type Water Tube		Year Built 2009	Manufacturer MUNCHKIN			
Use Hot Water Heating			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pressure Allowed 30	This Inspection psi	Prev. Inspection psi	Safety Relief Valves Set At* 30	psi	Total Capacity 565000 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 SGTFC Hill						
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name Micheal A. Morgan		Ident. No. VA 1023R NB-12262		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. Blr#1	Jurisdiction Number* ASSET2260	Nat'l Bd. No. SNF01Q24274	Other No. SNF01Q24274
Owner US Army Reserve Region 4 Zone C9-VA009			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 3502 Bennetts Creek Park Rd			Owner City Suffolk		State VA	Zip 23435-2375
User Name - Object Location US Army Reserve Region 4 Zone C9-VA009			Specific Location in Plant Mech Rm		Object Location - County Suffolk City	
User Street Address 3502 Bennetts Creek Park Rd			User City Suffolk		State VA	Zip 23435-2375
Type Water Tube		Year Built 2009	Manufacturer MUNCHKIN			
Use Hot Water Heating			Fuel Natural Gas	Method of Firing Automatic	Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 						
Inspector Name Micheal A. Morgan		Ident. No. VA 1023R NB-12262		Employed By ARISE Incorporated		Ident. No.