

## N C Department of Labor Elevator Bureau 1101 Mail Service Center, Raleigh, NC 27699-1101

## INSPECTION REPORT

IMPORTANT: Always use State Number in any correspondence relating to your equipment www.nclabor.com/elevator.htm

Invoice	Number
559	9264

EQUIPMENT INSPECTED						
State Number: 2050	Type of Unit: Fro	eight Landings: 2		: 2	Manuf: ROTARY	
Capacity: 1500	Installed: 04/03/1	1953	Complied: 04/03/1989		Speed: 50	
Volts: 220	Floor to Floor: B	to 2	Entrances: 2		Rope Size:	
Owner: ANSON CO ADM	IIN BLDG, 101 S.GRENI	E ST, WADESBOR	O, NC, 28	170		
Occupant: ANSON CO AI	DMIN BLDG, 101 S.GRE	EENE ST ROOM 30	WADES	BORO, NC, 281	70	
Elevator Name: SIDEWALK E	LEV INSPEC	CTION INFORMAT	ION			
Inspection Date 06/17/2008	Type Inspection Routine	Certificate Statu Re-issued		Inspector 8 - Burris	County Name ANSON	County Code 4
Violation Abatement Da	ate: 07/17/2008	VIOLATIONS I	OUND			
Notify the Elevator Bureau equipment into compliance		iolations Form wher	the follow	wing corrections	have been made in ord	er to bring your
8.6 PROVIDE PROPER O	OPERATION OF DOWN	VALVE. (ELEVAT	OR STIC	KS IN DOWN D	DIRECTION)	
8.6 CLEAN DEBRIS OUT	Γ ELEVATOR PIT,CAR	AND SIDEWALK	RAME			
8.6 REMOVE RUN BUT	TON ON ELEVATOR O	R INSTALL SIDEW	ALK AL	ARM BELL		

iolations pointed out to: REP- BONNIE HUNTLEY (CO MGR OFFICE)		Inspector	
	INVOICE		

No other invoice will be issued.

If not paid within 30 days from date of invoice, your certificate becomes invalid.

Return this stub with payment to: NC Department of Labor, Budget and Purchasing Division, 1101 Mail Service Center, Raleigh, NC 27699-1101

Owner: ANSON CO ADMIN BLDG, 101 S.GRENE ST, WADESBORO, NC, 28170 Occupant: ANSON CO ADMIN BLDG, 101 S.GREENE ST ROOM 30, WADESBORO, NC, 28170

Invoice Number 559264

State Nbr: 2050 Date: 06/17/2008 Fee: \$175