

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
550	9282

EQUIPMENT INSPECTED							
State N	State Number: 11583 Type of Unit: Passenger		senger Land	lings: 3	Manuf: SOUTHERN		
Capac	ity: 2100	Installed: 01/07/19	986 Com	Complied: 01/07/1986		Speed: 85	
Volts:	208	Floor to Floor: B	to 3 Entra	Entrances: 1		Rope Size:	
Owner	: ALVIN NANCE,	2903 HOPEWELL CH RI	O, PEACHLAND, NC, 28	133			
Occup		FICE BLDG, 201 W MOR		, NC, 28170			
Elevator	Name: PASSENGER		CTION INFORMATION				
In	06/23/2008	Type Inspection Routine	Not Issued		County Name ANSON	County Code 4	
Vio		Date: 07/23/2008		D			
	ent into compliance	in writing on Corrected Vi	iolations Form when the fo	ollowing corrections l	have been made in ord	er to bring your	
3.1		/ITH WATER,RESTORE 1	FUNCTION OF PIT SUM	IP PUMP			
NCAC		OT REISSUED, CALL FO TOR TOO SERVICE.	OR REINSPECTION WHI	EN ALL VIOLATIO	N ARE CORRECTED	D. DOT NOT	
8.6	REPAIR ELECTR	RICAL SYSTEMS IN PIT I	DUE TOO WATER DAM	IAGE			
8.11	PERFORM ANNU	JAL PRESSURE RELIEF	VALVE TEST. 3YR PAS	ST DUE			
2.27	RESTORE FUNCTION OF ELEVATOR EMERGENCY LIGHTS AND ALARM.						
8.6	GET ALL PIPING	G AN PIT EQUIPMENT CI	HECKED FOR WATER I	DAMAGE.			
Violatio	ons pointed out to:	REP- ALVIN NANCE		In	spector		
			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: ALVIN NANCE, 2903 HOPEWELL CH RD, PEACHLAND, NC, 28133 Occupant: WATSON OFFICE BLDG, 201 W MORGAN ST, WADESBORO, NC, 28170

Invoice Number 559282

State Nbr: 11583 Date: 06/23/2008 Fee: \$175