

## 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 559787

		EQUIPMENT INSE	PECTED				
State Number: H2079 Type of Unit: Hand Lift Capacity: 750 Installed: 03/04/2009 Volts: 120 Floor to Floor: 1 to 1 Owner: ANSON COUNTY GOVERNMENT, 114 N GREENE ST. Occupant: ANSON COUNTY ADMIN OFB, 101 S GREENE STR		2009 Control 1 English GREENE STREET, WA		Speed: 8 Rope Siz	Manuf: SAVARIA Speed: 8 Rope Size:		
Elevator Name: 2ST FLOOR LIFT INSPECTION INFORMATION							
Inspection Date 03/04/2009	Type Inspection New		Inspector 8 - Burris		County Code 4		
		VIOLATIONS FO	DUND				
Notify the Elevator Bureau		ed Violations Form when a		ns have been made in	order to bring your		
Violations pointed out to: REP		•	Ins	spector			
		INVOICE					
If not paid within 30	No other invoice w days from date of invo	ill be issued. ice, your certificate become	nes invalid.				
Return this stub with payment to: NC Department of Labor, Budget and Purchasing Divisi 1101 Mail Service Center, Raleigh, NC 27699-1101			Invoice Number 559787				
Owner: ANSON COUNTY C 28170	GOVERNMENT, 114 N	N GREENE STREET, WA	ADESBORO, NC,	State Nbr: Date: Fee:			
Occupant: ANSON COUNTY 28170	ADMIN OFB, 101 S C	GREENE STREET, WAD	DESBORO, NC,	100.	\$200		