

## 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 Numbe	1
566972	

State Nbr: 24755

Date:

Fee:

06/12/2008

\$175

		EQUIPMENT INS	SPECTED		
State Number: 24755 Type of Unit: I			-		Manuf: OTIS
Capacity: 2500	Installed: 05/31/2007		Complied: 05/31/2007		Speed: 100
Volts: 208			Entrances: 1		Rope Size:
Owner: THE HARRELS Occupant: WATERFOR		497 OLD WATERFORD	WAY, BELVILLE, 1	NC, 28451	
Elevator Name: 1	I INSPECTION INFORMATION				
Inspection Date 06/12/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County Name BRUNSWICK	County Cod 10
Violation Abatement Date: 06/22/2008 VIOLATIONS FOUND					
Notify the Elevator Bureau equipment into compliance		Violations Form when the	following correction	s have been made in	order to bring your
Violations pointed out to: LISA BRITT				Inspector	
		INVOICE	E		
	No other invoice				
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,				Inv	oice Number
1101 Mail Service Center			nasing Division,		566972

Owner: THE HARRELSON CO, P O BOX 1967, LELAND, NC, 28402

NC, 28451

Occupant: WATERFORD TOWN HALL BLDG, 497 OLD WATERFORD WAY, BELVILLE,