



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](http://www.nclabor.com/elevator.htm)

Invoice Number  
**574992**

### EQUIPMENT INSPECTED

State Number: 25586	Type of Unit: Passenger	Landings: 2	Manuf: TKE
Capacity: 3500	Installed: 03/26/2008	Complied: 03/26/2008	Speed: 100
Volts: 480	Floor to Floor: 1 to 2	Entrances: 2	Rope Size: 0
Owner: MEBANE MEDICAL PARK MOB, 3966 FARRAR LANE, MEBANE, NC, 27302			
Occupant: MEBANE MEDICAL PARK MOB, 3966 FARRAR LANE, MEBANE, NC, 27302			

### INSPECTION INFORMATION

Inspection Date 03/26/2008	Type Inspection New	Certificate Status Issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1
-------------------------------	------------------------	------------------------------	---------------------------	-------------------------	------------------

### VIOLATIONS FOUND

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into compliance with current codes.

NL-180 FL- 440 RP- 520 TR-5 1/4 BR- 6 1/2 THIS UNIT IS IN COMPLIANCE THIS DATE 3-26-2008

Violations pointed out to: DANIEL MEBANE

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: MEBANE MEDICAL PARK MOB, 3966 FARRAR LANE, MEBANE, NC, 27302  
Occupant: MEBANE MEDICAL PARK MOB, 3966 FARRAR LANE, MEBANE, NC, 27302

Invoice Number  
**574992**

State Nbr: 25586  
Date: 03/26/2008  
Fee: \$200