

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 575445

		EQUIPMENT INS	PECTED			
State Number: 18249 Type of Unit: Passenger Capacity: 2500 Installed: 09/13/1999 Volts: 208 Floor to Floor: 1 to 3 Owner: TWIN LAKES CENTER, 100 WADE COBLE DR, Occupant: TWIN LAKES CENTER, 100 WADE COBLE DR		Complie 3 Entrance BLE DR, BURLINGTON,			Manuf: THYSSEN KRUPP Speed: 125 Rope Size:	
		INSPECTION INFO	RMATION			
Inspection Date 11/03/2008	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County Name ALAMANCE	County Code 1	
		VIOLATIONS FO				
Notify the Elevator Bu	ureau in writing on Correct equ	ed Violations Form when aipment into compliance w		ons have been made in o	rder to bring your	
Violations pointed out to: OFFICE			In	spector		
		INVOICE				
Return this stub with payr 1101 Mail Service Center Owner: TWIN LAKES (No other invoice vn 30 days from date of invoice to: NC Department of Raleigh, NC 27699-1101 CENTER, 100 WADE COLORNIER, 100 W	oice, your certificate beco Labor, Budget and Purch BLE DR, BURLINGTON	asing Division, , NC, 27215	575 State Nbr: Date:	11	