

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 575450

		EQUIPMENT INS	PECTED		
State Number: 10531 Type of Unit: Passenger Capacity: 4000 Installed: 08/17/1983				Manuf: THYSSEN KRUPP Speed: 100 Rope Size:	
Volts: 200	Floor to Floor: 1 to 3	*			
Owner: TWIN LAKES CENTER, 100 WADE COBLE DR, BURLINGTON, NC, 27215			Rope Size.		
	S CENTER, 100 WADE COR	BLE DR, BURLINGTO	N, NC, 27215		
		INSPECTION INFO	RMATION		
Inspection Date 11/04/2008	Type Inspection Routine			County Name ALAMANCE	County Code
		VIOLATIONS F	OUND		
•	ureau in writing on Corrected equip	ment into compliance w	ith current codes.	ons have been made in or	rder to bring your
No violations found					
Violations pointed out to: OFFICE			Iı	nspector	
		INVOICE			
	l be issued.				
If not paid within 30 days from date of invoice, your		ce, your certificate beco	mes invalid.	Invoice Number	
Return this stub with payment to: NC Department of Labor, Bu 1101 Mail Service Center, Raleigh, NC 27699-1101		abor, Budget and Purch	asing Division,	State Nbr:	450 10531
Owner: TWIN LAKES CENTER, 100 WADE COBLE DR, BURLINGTON, NC, 27215 Occupant: TWIN LAKES CENTER, 100 WADE COBLE DR, BURLINGTON, NC, 27215				1/04/2008 5175	