

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 919-707-7927

Report Number 10081-4-1757 State Number 4098

2

| | E | EQUIPMENT INSPECTED | | |
|---|--|----------------------------------|------------------------------|-------------------------|
| State Number: 4098 Type of Unit: | | eight | Floor to Floor: B to 2 | |
| Capacity: 4000 Manuf: PARK | | | Speed: 50 | |
| Landings: 3 Installed: 06/29/1 | | 1959 | Rope Size: 0 | |
| Volts: 550 Complied: 03/10 | |)/1997 | Entrances: 2 | |
| OWNER | | OCCUPANT | | |
| SCHNEIDER MILLS | | SCHNEIDER MILLS | | |
| P.O. BOX 519 | | 1170 HWY16 NO | RTH | |
| TAYLORSVILLE, NC, 286 | 81 | TAYLORSVILLE | E, NC, 28681 | |
| | INS | SPECTION INFORMATION | | |
| Inspection Date Type Inspection 03/22/2010 Routine | | Certificate Status Re-issued | Inspector 4 - Henegar | County ALEXANDER |
| | | VIOLATIONS | | |
| | | | | |
| Items must be corrected b Notify the Elevator Bureau in complainace with current code | writing on Corrected Violations Form v | when the following corrections l | nave been made in order to b | ring your equipment int |
| Violations pointed out to: Sch | nneider Mills # 828-632-8181 | | - | |
| | To make changes to the invoice mailing address please call: 919-733-0372 | | | |
| THIS IS NOT AN INVOICE | | SCHNEIDER MILLS | | |
| | An invoice will be mailed to: | P.O. BOX 519 | | |

TAYLORSVILLE, NC, 28681