

INVOICE

An invoice will be mailed to:

## 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 10251-36-2464 State Number 20491

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		EQUIPMENT INSPECTED			
State Number: <b>20491</b>	Type of Unit: Passenger  Manuf: THYSSEN KRUPP  Installed: 11/13/2001		Floor to Floor	Floor to Floor: - to -	
Capacity: 2500			Speed: 95		
Landings: 2			Rope Size:	Rope Size:	
Volts: 480	Complied: 11/13/2001		Entrances: 2	Entrances: 2	
OWNER		OCCUPANT			
PURE FLOW	PURE FLOW				
1241 JAY LANE	1241 JAY LANE				
GRAHAM, NC, 27253	GRAHAM, NC, 27253				
		INSPECTION INFORMATION			
Inspection Date 09/08/2010	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE	
		VIOLATIONS			
complainace with current codes.		m when the following corrections	_	ing your equipment into	
/iolations pointed out to: STEV			Inspector		
	To make changes to the invoice	mailing address please call: 919-7	733-0372		
THIS IS NOT AN		PURE FLOW			

1241 JAY LANE

GRAHAM, NC, 27253