

THIS IS NOT AN

INVOICE

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 11055-48-3358 State Number 22316

| | | EQUIPMENT INSPECTED | | |
|--------------------------------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|---------------------------|
| State Number: 22316 Type | | Passenger | Floor to Floor: 1 to 3 Speed: 65 Rope Size: Entrances: 1 | |
| Capacity: 2100 | apacity: 2100 Manuf: THYSSEN KRUPP | | | |
| Landings: 3 | | | | |
| Volts: 240 Complied: 11 | | 04/2004 | | |
| OWNER | | OCCUPANT | | |
| CROW CREEK | CROW CREEK CONDOS #3 290 WOODLANDS WAY, SW | | | |
| 9300 OCEAN HWY 17, WEST | | | | |
| CALABASH, NC, 28467 | 7 CALABASH, NC, 28467 | | | |
| | | INSPECTION INFORMATION | | |
| Inspection Date 02/24/2011 | Type Inspection Routine | Certificate Status Re-issued | Inspector 48 - Martin | County BRUNSWICK 1 |
| | | VIOLATIONS | | |
| 8.6.4.7.1 | Clean the elevator pit. COB W | EBS | | |
| 8.11.2.2.2 | Perform the annual no load safety test | | | |
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| Items must be corrected by: 0 | 3/26/2011 | | | |
| Notify the Elevator Bureau in writ complainace with current codes. | ting on Corrected Violations For | rm when the following corrections | have been made in order to | bring your equipment into |
| Violations pointed out to: Management | | Inspector | | |

CROW CREEK

9300 OCEAN HWY 17, WEST CALABASH, NC, 28467

To make changes to the invoice mailing address please call: 919-733-0372

An invoice will be mailed to: