

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 15090-4-2689 State Number 22268

| EQUIPMENT INSPECTED | | | | | |
|---|-------------------|---|--|---|------------------|
| State Number: 22268 Capacity: 2500 Landings: 3 Volts: 208 OWNER NORTHWESTERN REGIONAL P.O. BOX 2510 | | Type of Unit: Pass Manuf: KONE Installed: 03/16/20 Complied: 03/16/2 | 04 004 OCCUPANT ELK PARK A 256 ELK PAI | Floor to Floor: 1 to 3 Speed: 100 Rope Size: 0 Entrances: 1 OCCUPANT ELK PARK APARTMENTS 256 ELK PARK SCHOOL ROAD | |
| BOONE, NC, 28607 | | | ELK PARK, NC, 28622 | | |
| | | INSPE | CTION INFORMATION | | |
| Inspection Date 03/31/2015 | | Type Inspection Routine | Certificate Status Re-issued | Inspector 4 - Henegar | County AVERY |
| | | | VIOLATIONS | | |
| 8.6.4.7.1 8.11.3.2.1 | | elevator pit. e annual relief valve and system pres | ssure test. | | |
| complainace with cu | Bureau in writing | 10/2015 g on Corrected Violations Form whe Apts. 828-733-1546 | n the following corrections have b | een made in order to bring you Inspector | r equipment into |

P.O. BOX 2510 BOONE, NC, 28607

NORTHWESTERN REGIONAL HOUSING

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

An invoice will be mailed to: