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
16189-48-1285
State Number
H2773

EQUIPMENT INSPECTED

State Number: **H2773**
Capacity: 750
Landings: 2
Volts: 115

Type of Unit: Hand Lift
Manuf: SAVARIA
Installed: 06/21/2016
Complied:

Floor to Floor: 1 to 2
Speed: 20
Rope Size:
Entrances: 1

OWNER
BRUNSWICK COUNTY
3954 CLEARWELL RD.
LELAND, NC, 28451

OCCUPANT
NW WASTE WATER TREATMENT PLANT
3954 CLEARWELL RD.
LELAND, NC, 28451

INSPECTION INFORMATION

Inspection Date	Type Inspection	Certificate Status	Inspector	County
07/07/2016	New	Issued	48 - Martin	BRUNSWICK

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VIOLATIONS

Elevator Name: # 1

Notify the Elevator Bureau in writing on Corrected Violations Form when the following corrections have been made in order to bring your equipment into complainace with current codes.

Violations pointed out to: TIM

Inspector _____

THIS IS NOT AN INVOICE

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

An invoice will be mailed to:
BRUNSWICK COUNTY
3954 CLEARWELL RD.
LELAND, NC, 28451