

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 17079-73-2972 State Number 1231

EQUIPMENT INSPECTED						
State Number: 1231		Type of Unit: Fi	Type of Unit: Freight		Floor to Floor: B to 3	
Capacity: 2500 Manuf: MO		Manuf: MONA	RCH	Speed: 75		
Landings: 4		Installed: 04/13/	Installed: 04/13/1950		Rope Size: 1/2	
Volts: 208		Complied: 04/13	Complied: 04/13/1950		Entrances: 2	
OWNER			OCCUPANT			
CITY OF BURLINGTON		ED THOMAS WATER TREAT. PLANT				
PO BOX 1358		149 E RUFFIN ST				
BURLINGTON, NC, 27216-1358		BURLINGTON, NC, 27217				
		IN	SPECTION INFORMATION			
Inspection Date 03/20/2017		Type Inspection Routine	Certificate Status Re-issued	Inspector 73 - James	County ALAMANCE	
			VIOLATIONS			
8.6.4.19.2 (b)	Provide the annual	l no load test.				
otify the Elevato	e corrected by: 04/19/2 or Bureau in writing o current codes. d out to: htrent@ci.bu	on Corrected Violations Form	when the following corrections ha	ive been made in order to bri	ing your equipment into	

PO BOX 1358

CITY OF BURLINGTON

BURLINGTON, NC, 27216-1358

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

An invoice will be mailed to: