

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 18218-48-2528 State Number H2773

			EQUIPMENT INSPECTED			
State Number: H2773 Capacity: 750 Landings: 2 Volts: 115 OWNER BRUNSWICK COUNTY 3954 CLEARWELL RD. LELAND, NC, 28451		Type of Unit: Hand Lift Manuf: SAVARIA Installed: 06/21/2016 Complied: OCCUPANT NW WASTE WATER TREATMENT PLAN 3954 CLEARWELL RD. LELAND, NC, 28451		Speed: 20 Rope Size: Entrances: 1	Rope Size: Entrances: 1	
		· · · · · · · · · · · · · · · · · · ·	INSPECTION INFORMATION			
Inspection Date 08/06/2018		Type Inspection Routine	Certificate Status Re-issued	Inspector 48 - Martin	County BRUNSWICK	
			VIOLATIONS			
2.15.2.2 N/A		pricate the car guiding means pi	vot points.			
Items must be corrected by: 09/05/2018				Elevator Nar	Elevator Name: # 1	
Notify the Eleva complainace wit	tor Bureau in writh current codes.	ing on Corrected Violations For	m when the following corrections	have been made in order to	bring your equipment into	
Violations pointed out to: GLENN				Inspector		

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BRUNSWICK COUNTY

3954 CLEARWELL RD. LELAND, NC, 28451

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

An invoice will be mailed to: