

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 9308-36-437
State Number 10531

1

	E	EQUIPMENT INSPECTED		
State Number: 10531 Capacity: 4000	Type of Unit: Pass Manuf: THYSSEI		Floor to Floor: Speed: 100	1 to 3
Landings: 3	Installed: 08/17/1983		Rope Size:	
Volts: 200	Complied: 08/17/2	1983	Entrances: 1	
OWNER		OCCUPANT		
TWIN LAKES CENTER		TWIN LAKES CENTER		
100 WADE COBLE DR		100 WADE COBLE DR		
BURLINGTON, NC, 27215		BURLINGTON, NC, 27215		
	INS	SPECTION INFORMATION		
Inspection Date 11/04/2009	Type Inspection Routine	Certificate Status Re-issued	Inspector 36 - Kirkman	County ALAMANCE
		VIOLATIONS		
No violations found				
otify the Elevator Bureau in wr	iting on Corrected Violations Form v	when the following corrections l	have been made in order to brin	ng your equipment into
iolations pointed out to: office			Inspector	
	To make changes to the invoice ma	uiling address please call: 919-72		
THIS IS NOT AN	10 mane changes to the invoice ma	TWIN LAKES CENTER		
INVOICE	An invoice will be mailed to:	100 WADE COBLE DR BURLINGTON, NC, 272		