

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: DeLores LANE Phone: 910-470-9976

Owner (s) Mailing Address: 82 Huntington Dr
Duke NC 28334

Land Owner Name (s): Same Phone: Same

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: 4500.00 Description of Work to be done Set LP tank - Install line to generator -
Pressure test system

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork Gas Piping ___ Other ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

NC 27 toward Benson - E on Red Hill Ch. Rd - Rt into Huntington
Sub - 3rd house on Rd

Subdivision: Huntington Lot #: 82

I McLamb's LP Gas will provide the Gas piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17517, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

McLamb's LP Gas
Contractor's Company Name

919-894-3842
Telephone

3469 N.C 2725, Benson, N.C. 27504
Address

info@mcclambsgas.com
Email Address

17517
License #

Structure Owner / Contractor Signature: D. Wayne McLamb by D&A Date: 11/10/20

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

PLEASE CALL FOR credit card payment.

919-894-3842

PROPANE SAFETY SHEET

Service Date 11/10/20
 Account Number _____
 Name Delores Lane
 Address 82 Hunting Dr.
Dunn, N.C. 28334
 Telephone: (Home) _____
 (Office) _____ (Cell) 910-470-9476

County Harnett
 Directions 27 low Coats - 4th on Rd
Mill Ch. Rd. 4th into Henry
Sub. 3rd house on Rt.
 Closest Customer _____

APPLIANCE			WORK DESCRIPTION
TYPE	<u>Logs</u>	<u>Generator</u>	<u>Set 2nd 120 tank - install</u>
MANUFACTURER	<u>Genese</u>	<u>Genese</u>	<u>line to generator (2# system)</u>
MODEL NUMBER	<u>—</u>	<u>22KW</u>	<u>connect to tank - connect</u>
SERIAL NUMBER	<u>—</u>		<u>2 tank together - Pressure</u>
LOCATION	<u>Den</u>	<u>Outside</u>	<u>tested system -</u>
BTU	<u>30,000</u>	<u>327,000</u>	
AGE	<u>—</u>	<u>2020</u>	
MANUAL SHUTOFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
VENTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SEDIMENT TRAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
RECALL VALUE			
RED TAG (Remove from Service)			

McLamb's LP Gas & Supply
 3469 NC 242 South
 Benson, NC 27504
 (919) 894-3842

TANK OWNED BY (Check One): Company Customer info@mcclambslpgas.com

The customer acknowledges that he/she 1) knows how to turn off gas in emergencies, 2) has smelled and can detect propane odor, 3) has received other safety instructions, 4) understands any gas problems and corrections, and 5) is satisfied with the work performed and 6) that the customer acknowledges tank ownership as indicated above. The serviceman acknowledges that he/she 1) performed odor test, 2) performed leak test and pressure test, and 3) has given the customer safety instructions.

Customer Signature Delores Lane Lane Serviceman Signature David E Adams

TANK SPECIFICS/CONDITION: #2

SIZE	SERIAL #	MFG.	MFG. DATE	LEGAL LOCATION	TANK CONDITION	RELIEF VALVE COND.	FITTINGS LEAK TEST
<u>120</u>	<u>2276457</u>	<u>Manchrest</u>	<u>2020</u>	<input checked="" type="checkbox"/>	<u>New</u>	<u>New</u>	<u>ok</u>

PIPING/REGULATOR OPERATION/CONDITION:

REGULATOR TYPE	PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	MFG./MODEL	REGULATOR VENT PROTECT.
<u>Int Two-Stage</u>					
<u>1st Stage</u>	<u>cu</u>	<u>1/2</u>	<u>2020</u>	<u>Fisher</u>	<u>Done</u>
<u>2nd Stage</u>					

SYSTEM LEAK TEST (Lock up pressure):

REGULATOR TYPE	MEASURED START PRESSURE (w.c.)	MEASURED END PRESSURE (w.c.)	TIME HELD IN MINUTES	SYSTEM CHECK (OK)	REMARKS
<u>Int. Two-Stage</u>					
<u>1st Stage</u>	<u>10 w.c.</u>	<u>10 w.c.</u>	<u>10</u>	<u>ok</u>	
<u>2nd Stage</u>					
2nd Stage regulator pressure with all appliances running: _____ inches w.c.					

Piping Test for New Construction:

Working Pressure Requirement:

1st Stage 50 psig; 2nd Stage and Integral Two-Stage 10 psig. 10-minute minimum
 Lock up pressure should not exceed 14 inches w.c.
 Working pressure should not fall below 10 inches w.c. or manufacturers recommendations