

Application # _____

Harnett County Central Permitting

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

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Richard Peary Phone: 919-906-4351

Owner (s) Mailing Address: 1935 Langdon Rd.
Angier N.C. 27501

Land Owner Name (s): Same Phone: Same

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: \$400.00 Description of Work to be done Set LP Tank - Install line to generator - Connect 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:

To Coats Rd on Angier - Rt on Carson Gregory - Lft on Langdon - 1st house on Rt

Subdivision: _____ Lot #: _____

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 & Supply
Contractor's Company Name

919-894-3842
Telephone

3469 NC 2425 - Benson, NC 27504
Address

info@mcclambslpgas.com
Email Address

17517
License #

Structure Owner / Contractor Signature: D. Wayne McLamb by D. Adams Date: 10/28/21

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.

Please call for Credit Card Payment.

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



Oct. 28, 2021 12:17PM

MCLAMB'S L.P. GAS & SUPPLY CO., INC.

3469 NC 242 South • Benson, NC 27504 • Phone: 919-894-3842 • Fax: 919-894-8025
website: mclambslpgas.com • email: info@mclambslpgas.com



No. 8288

P. 2

PROPANE SAFETY SHEET

Service Date 10/29/21
 Account Number _____
 Name Richard Peery
 Address 1935 Langdon Rd.
Angier N.C. 27501
 Telephone: (Home) _____
 (Office) _____ (Cell) 919-906-4351

County Marvett
 Directions 27 two costs - Rt on
Barley's x Rt Rt - Lt on county line
Rd - Lt on Langdon Rd - 1st hse
on Rt post Carron Gregory
 Closest Customer _____

APPLIANCE TYPE	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	LOCATION	BTU	AGE	MANUAL SHUTOFF	VENTING	SEDIMENT TRAP	RECALL VALUE	RED TAG (Remove from Service)	WORK DESCRIPTION
<u>Generator Kohler</u>	<u>Kohler</u>			<u>Outside</u>	<u>340,000</u>	<u>'21</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<u>Set LP tank - Installed</u> <u>line to generator - connected</u> <u>to generator. Pressure tested</u> <u>system -</u> <u>8.5 w.c. for 15 minutes</u>

TANK OWNED BY (Check One): Company Customer _____

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 [Signature] Serviceman Signature [Signature]

TANK SPECIFICS/CONDITION:

SIZE	SERIAL #	MFG.	MFG. DATE	LEGAL LOCATION	TANK CONDITION	RELIEF VALVE COND.	FITTINGS LEAK TEST
<u>500</u>	<u>JE01807</u>	<u>Natural</u>	<u>'72</u>	<input checked="" type="checkbox"/>	<u>Good</u>	<u>OK</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>'21</u>	<u>Fisher</u>	<u>Down</u>
<u>2nd Stage</u>	<u>Cu</u>	<u>1/2</u>	<u>'21</u>	<u>Fisher</u>	<u>Down</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>2nd Stage</u>	<u>8.25 w.c.</u>	<u>8.25 w.c.</u>	<u>15</u>	<u>OK</u>	
<u>2nd Stage regulator pressure with all appliances running: _____ inches w.c.</u>					

Piping Test for New Construction:

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 Requirement:

Working pressure should not fall below 10 inches w.c. or manufacturers recommendations