

Application # MRES1812-0003

Received - 12/04/18

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: Ray Metcalf Phone: 910-890-6103

Owner (s) Mailing Address: 1160 Fred McArthur Ln
Bunnlevel, N.C. 28323

Land Owner Name (s): Same Phone: _____

Construction or Site Address: Same

PIN # _____ Parcel # _____

Job Cost: \$400.00 Description of Work to be done Install LP Gas 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:

210 toward Spring Lake - Rt at Flat Branch Fire Dept - Rt on Fred McArthur Ln - (Dirt path) - hse at end of path - (1 mile)

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
Contractor's Company Name

919-894-3842
Telephone

3469 NC 2425 - Benson, N.C. 27504
Address

INVED@McLamb's LPGas.com
Email Address

17517
License #

Structure Owner / Contractor Signature: Wayne D. McLamb by DGA Date: 12/2/18

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.

PROPANE SAFETY SHEET

Service Date 11/30/18
 Account Number _____
 Name Ray McCall
 Address 1160 Fred McArthur Lane
Bunnlevel, N.C. 28323
 Telephone: (Home) _____
 (Office) _____ (Cell) 910-890-6103

County Harnett
 Directions Bunnlevel - left on 401 - Rt on
Melrose Ch. Church Rd - Rt at S. Sign -
X 210 - Rt on Fred McArthur Ln -
Ahead of path 1 mile
 Closest Customer Garry McArthur

APPLIANCE			WORK DESCRIPTION
TYPE	<u>Generac</u>		
MANUFACTURER	<u>Generac</u>		
MODEL NUMBER			
SERIAL NUMBER			
LOCATION	<u>Outside</u>		Mclamb's LP Gas & Supply
BTU	<u>355 000</u>		<u>3469 NC 242 South</u>
AGE	<u>18</u>		<u>Benson, NC 27504</u>
MANUAL SHUTOFF	<input checked="" type="checkbox"/>		<u>(919) 894 3842</u>
VENTING	<input checked="" type="checkbox"/>		<u>info@mclambslpgas.com</u>
SEDIMENT TRAP	<input checked="" type="checkbox"/>		
RECALL VALUE			
RED TAG (Remove from Service)			

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 Ray McCall

Serviceman Signature Tim Adams

TANK SPECIFICS/CONDITION:

SIZE	SERIAL #	MFG.	MFG. DATE	LEGAL LOCATION	TANK CONDITION	RELIEF VALVE COND.	FITTINGS LEAK TEST
<u>250</u>	<u>484225</u>	<u>Npt.</u>	<u>'87</u>	<input checked="" type="checkbox"/>	<u>Good</u>	<u>Good</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>'18</u>	<u>Fisher</u>	<u>Down</u>
<u>2nd Stage</u>	<u>CSST/BS</u>	<u>3/4</u>	<u>'18</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>9.5 w.c.</u>	<u>9.5 w.c.</u>	<u>10</u>	<u>OK</u>	
2nd Stage regulator pressure with all appliances running: _____ inches w.c.					

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