

Label Number: PL S 4260

Contractor Name: JUDSON'S INC.

Phone: (503) 363-4141

Fax: (503) 399-8760

Address: PO BOX 12669

SALEM OR 97309

Job Address: 715 NW WITHAM DR

CORVALLIS 97330

Installed By: JUDSON'S INC./JAMES

Installer License: 6852 LP

Work Description: REPLACE WATER HEATER

Property Owner: MARTHA FOSTER

Phone Number: (541) 258-5292

Address: SAME

License: 24-22PB

CCB: 34604

Supv Lic: 24-22PB

Supv Reg:

Metro #:

Jurisdiction: CORVALLIS, CITY OF

Install Type:

1 & 2 Family

Issued Date: 6/30/03

Install Date: 8/22/03

Insp Rpt Sent: 9/26/03

Insp Rpt Rcvd:

1st / 2nd / 3rd

Pass/Fail

Comment:

Faxed 10/6/03 @ 4:35 PM

LPL03-00107

PLS 4260

TRI COUNTY SERVICE CENTER

Phone: 503-872-6731 Fax: 503-872-6735

MINOR LABEL TRACKING FORM AND INSPECTION REPORT

JURISDICTION: CORVALLIS, CITY OF

TCSC minor label #

PL S 4260

Contact log

Three contacts must be attempted within five (5) working days of receipt.

Date	Time	Initials	Results
9/29/03	3:40	DTA	No one Home
10/1/03	8:45	DTA	Called but no answer
10/3/03	9:30	DTA	No one Home
10/6/03	2:10	DTA	No one Home

Contact and Inspection Log

No Contact Owner Denied

If no contact is made, TCSC must be notified within ten (10) working days if inspection cannot be performed

Inspection Approved

Date Approved: _____

If the inspection is performed and approved the form shall be sent/faxed to TCSC within five (5) working days.

Inspection Failed

Date Contractor Notified of Failure: _____

If the inspection fails, the jurisdiction shall notify contractor. The contractor has ten (10) days to notify the TCSC of dispute. If not disputed, the contractor shall call the jurisdiction of authority.