Label Number: EL S 34856

Contractor Name: SOLID GROUND ELECTRIC
Phone: 541-929-4020
Fax: 541-929-4091
Address: 517 N 19TH ST
PHILOMATH OR 97370
License: 2-63C
CCB: 72862
Supv Lic:
Supv Reg:
Metro #:

Property Owner: LARRY CLARK
Phone Number: (541) 753-8225
Job Address: 1034 NW 34TH ST
CORVALLIS 97330
Work Description: BATH FAN & FDI, GROUND OR GRI PROTECT OUTLETS
Comment:

Installed By: MARC HAYES
Installer License: 21433J
Install Type: 1 & 2 Family
Issued Date: 1/10/2005
Install Date: 4/19/2005
Insp Rpt Sent: 8/4/2005
Insp Rpt Rcvd:

1st / 2nd / 3rd ☐ ☐ ☐ *Pass/Fail* ☐ ☐

TRI COUNTY SERVICE CENTER -- MINOR LABEL TRACKING FORM AND INSPECTION REPORT

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

LEL05-00031

JURISDICTION: CORVALLIS, CITY OF **TCSC minor label #** EL S 34856

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

Date	*Time*	*Initials*	*Results*
8-8-05	8:22	DLR	Owner would Not Like work inspected - this is a Rental + it would be difficult to arrange.

☐ *No Contact* ☒ *Owner Denied*
If the owner is unavailable or refuses the inspection, the jurisdiction must notify the Service Center within 10 working days.

☐ *Inspection Approved* *Date Approved:* _____
If the inspection is approved, the jurisdiction must send or fax a report to the Service Center within 5 working days.

☐ *Inspection Failed* *Date Contractor Notified of Failure:* _____
If the inspection fails, the jurisdiction must notify the contractor immediately. Contractors who wish to dispute the inspection results must notify the Service Center within 10 days of notification by the jurisdiction. Contractors who accept the failure determination must call the jurisdiction for a re-inspection and pay the jurisdiction's hourly re-inspection fee.

2005/AUG/04/THU 09:37 AM FAX No. 503 872 6735 P. 002/002