



Date Called in	
Date Scheduled	

City Of Orono
Point of Sale Sanitary Sewer Service I&I Compliance Inspection Form

Property Address:	3438 Lyric Avenue
PID:	1711723430077

Owner Information			
Name:			
Mailing Address: (if different from Property)	CERTIFIED EXPIRES: 06/17/2026		
Phone:		Email:	

Inspector Information			
Name:			
Company/ Organization		License number:	
Phone:		Email:	

Inspection			
System	Standard	Pass	Fail
Roof Drains	Roof drains and leaders Roof drains should not be connected to the sanitary sewer but should discharge to the ground outside of a building. If the roof drains are connected to the sanitary sewer, disconnect them, plug any open connections to the sanitary sewer using a non-shrink permanent material, and redirect the roof drains onto the ground outside the building.		
Foundation Drains	Foundation drains are underground pipes that collect storm water from around the base of a building and into a sump basket, where it is then pumped outside of the building. Foundation drains should not be connected to the sanitary sewer.		
Sump Pumps	Sump pumps are designed to capture surface or ground water that enters basements or crawl spaces and pump it away from the house. The basic sump system includes drain tile, a sump pit, a sump pump, a float or switch, and a drain line. Sump pumps should not be connected to the sanitary sewer.		
Sewer Service Line	Sanitary Sewer Inflow & Infiltration (I/I) Compliance Inspection Sanitary Sewer Lines. All sanitary sewer lines serving Property, from the house to the main line, shall be in a safe and functional condition and shall be free from all leaks, failures including but not limited to partially collapsed sections or tree root intrusion. The sanitary sewer lines shall meet the City Code standards and specifications. (Details on back of this sheet)		
Notes:	Sewer connection was connected and inspected on 6/17/2016. Compliance is valid for 10 years from this date		
Toilet Removed For Inspection:	o Yes o No		

Inspectors Signature:	Date:
Owners Signature:	Date:

City Review	
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Corrective Action Required
Certificate of Compliance Expires: 6/17/2026	Corrective Action Due by:
Date: 12/14/2022	Signature: <i>Kellie Hoen</i> Name: Kellie Hoen

DATE

TIME

CITY OF ORONO
INSPECTION NOTICEPERMIT NO. 2016-00696

CALLED IN

SCHEDULED

COMPLETED

6-17-16730 AMADDRESS 3438 Lyric Ave

OWNER _____ TELEPHONE NO. _____

CONTRACTOR _____

DESCRIPTION

- | | | |
|--|---|--|
| <input type="checkbox"/> FOOTING | <input type="checkbox"/> DEMO - FINAL | <input type="checkbox"/> SEPTIC FINAL |
| <input type="checkbox"/> POURED WALL | <input type="checkbox"/> PLUMBING RI | <input type="checkbox"/> EXCAV/GRADING/FILLING |
| <input type="checkbox"/> FOUNDATION WATERPROOF | <input type="checkbox"/> PLUMBING FINAL | <input type="checkbox"/> TREE REMOVAL |
| <input type="checkbox"/> RADON SLAB | <input type="checkbox"/> MECHANICAL RI | <input type="checkbox"/> SITE INSPECTION |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> MECHANICAL FINAL | <input type="checkbox"/> RATED WALLS |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> WOOD BURNER/FIREPLACE | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> FINAL | <input checked="" type="checkbox"/> WATER HOOK-UP | <input type="checkbox"/> FOLLOW-UP |
| <input type="checkbox"/> AS BUILT - SURVEY | <input checked="" type="checkbox"/> SEWER HOOK-UP | <input type="checkbox"/> FOUNDATION/REMOVAL |
| <input type="checkbox"/> DEMO - SITE | <input type="checkbox"/> SEPTIC INSTALL | |

OWNER/CONTRACTOR TO MEET YOU: YES NOCOMMENTS: 1" Endopure water service with
Tracer wire.4" Sch 40 pvc sewer service
with tracer wire516 air test for 15 minutes

- | | |
|---|---|
| <input checked="" type="checkbox"/> WORK SATISFACTORY: PROCEED | <input type="checkbox"/> PROJECT COMPLETE |
| <input type="checkbox"/> CORRECT WORK & PROCEED | <input type="checkbox"/> ISSUE CERTIFICATE OF OCCUPANCY |
| <input type="checkbox"/> CORRECT WORK, CALL FOR REINSPECTION BEFORE COVERING | _____ TEMPORARY |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS. INSPECTOR WILL RETURN | _____ PERMANENT |
| <input type="checkbox"/> STOP ORDER POSTED. CALL INSPECTOR | <input checked="" type="checkbox"/> PHOTO TAKEN |
| <input type="checkbox"/> INSPECTION REQUIRED. CALL TO ARRANGE ACCESS. | <input type="checkbox"/> CITATION ISSUED |

Call for the next inspection 24 hours in advance. (952) 249-4600

Owner/Contractor on site: Todd @ TMSInspector: Scott

White Copy/Inspector's File

Canary Copy/Site Notice