

CITY OF ORONO
INSPECTION NOTICE

PERMIT NO. SWP23-000077

CALLED IN
SCHEDULED
COMPLETED

DATE

TIME

11/16/23

2:00 PM

ADDRESS 1850 Lakeside Trail

OWNER _____ TELEPHONE NO. 612 369 1069

CONTRACTOR Metro General Services

DESCRIPTION Sewer & Water Connect

- | | | |
|--|--|--|
| <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 DRAIN TILE | <input type="checkbox"/> PLUMBING FINAL | <input type="checkbox"/> TREE REMOVAL |
| <input type="checkbox"/> LATHE | <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 type="checkbox"/> WATER HOOK-UP | <input type="checkbox"/> FOLLOW-UP |
| <input type="checkbox"/> AS BUILT - SURVEY | <input 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 NO

COMMENTS: 4" pvc coming from house, Cleanout
at foundation goes to 45' then 7' of pipe
then 45' 9" of pipe then a 22' x 8" of pipe
to 1000 gal tank. Total 77' of pipe - 250'
E-1 pump not installed
5# air test for 15 minutes - All OK
210' of 1" IPS water line from
house to curb stop with tracer wire

- | | |
|--|---|
| <input checked="" type="checkbox"/> WORK SATISFACTORY: PROCEED | <input checked="" 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: _____

Inspector: J. Coff

White Copy/Inspector's File

Canary Copy/Site Notice

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!