

Date Called in Date Scheduled

City Of Orono Point of Sale Sanitary Sewer Service I&I Comple

Reinspection After Repair 4/26/2022

Pol	nt of Sale	e Sannary Sewer Serv	ice 1&1 Compliance Inspect	lon kori	п		
Property Address:		2715 Pence Lane					
PID:		2111723320007					
		Owner I	nformation				
Name:							
Mailing Address:		CERTIFIED					
(if different from		EXPIRES: 4/24/2032					
Property) Phone:		Email:					
rnone.	1		Eman.				
		Inspector	Information				
Name:		mspecioi	Intolliation				
Company/ Organization			License number:	-			
Company/ Organization			Dicense number.				
Phone:			Email:				
L							
		Insp	pection				
System	Standa	rd			Pass	Fail	
Roof Drains			should not be connected to the sa				
	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				./		
			sewer, aisconnect them, plug any ing a non-shrink permanent mater				
		he roof drains onto the grou		idi, diid			
Foundation			pipes that collect storm water from	1			
Drains	1	the base of a building and into a sump basket, where it is then outside of the building. Foundation drains should not be connected					
	1	outside of the building. Fou nitary sewer.	ndation drains should not be conn	ected			
Sump Pumps		Sump pumps are designed to capture surface or ground water that enters					
bump rumps			it away from the house. The bas		./		
			it, a sump pump, a float or switc				
Sewer Service			be connected to the sanitary sewer				
Line		ary Sewer Inflow & Infiltration (I/I) Compliance Inspection Sanitary or Lines. All sanitary sewer lines serving Property, from the house to the line, shall be in a safe and functional condition and shall be free from all					
Line	main line						
			ted to partially collapsed sections				
		ision. The sanitary sewer in tions. (Details on back of t	nes shall meet the City Code stand	ards and			
Notes:	Specifica	tions. (Betains on back of the	ins sheet)			.1	
110000.							
Toilet Removed	noved OYes ONo						
For Inspection:							
Inspectors Signature:				Date:	ate:		
Owners Signature: Date				Date:			
/		City	Review				
▼ Compliant			☐ Corrective Action Required				
Certificate of Con	npliance I	Expires: 4/26/2032 Corrective Action Due by:					
Date:		Signature: Kellettoen					
5/2/2022		Name: Kellie Hoen					