TASK 64786

CRONO ELECTRICAL STATE OF THE PARTY OF THE P

Date Called in 5/17/2022 Date Scheduled 5/20/2022 7:30 AM

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

| Poin | nt of Sa | lle Sanitary Sewer Servi | ce I&I Co | mpliance Inspect | ion Forr | n | | |
|---|---|--|-------------|------------------|---|-----------------|--------------|--|
| Property Address: | | 3670 Northern Aven | ue | 3 | | | | |
| | | 1711723340018 | | | | | | |
| | 1 | | | | | | | |
| | | Owner Ir | formation | | | | | |
| Name: | Ambe | er Hoechst | | | | | | |
| Mailing Address: | | ************************************** | | | CERTIFIE |) | <u>.</u> | |
| (if different from | EXPIRES: 5/6 | | | | | | | |
| Property) | | | | | | | | |
| Phone: | 952-3 | 93-3089 | Email: | Amber724@yand | o.com | | | |
| | | | nformatio | n | | | | |
| Name: | | P / 1/=== | 1 | 1 | | | | |
| Company/ Organiz | zation | Diangon 10 mg | License | number | | | | |
| Company Organiz | Zation | City of Olono | Litechise | indiffoci. | | | • | |
| Phone: | | | Email: | | | | | |
| | | | | | | | | |
| | | Inspe | ection | | | | | |
| System | Stand | | | | | Pass | Fail | |
| Roof Drains | | ains and leaders Roof drains s | | | | | | |
| | | out should discharge to the groare connected to the sanitary se | | | | 1/ | | |
| | | tions to the sanitary sewer usir | | | | V | | |
| | | the roof drains onto the groun | | | | | | |
| Foundation | | tion drains are underground pi | | | | ,) | | |
| Drains | | 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 | | | | | | |
| | | anitary sewer. | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | . | |
| Sump Pumps | Sump pumps are designed to capture surface or ground water that enters | | | , | | | | |
| | | nts or crawl spaces and pump | | | | 11 | | |
| | | includes drain tile, a sump pit ne. Sump pumps should not be | | | , and a | 1 | , | |
| Sewer Service | | y Sewer Inflow & Infiltration (| | | ary | | / | |
| Line | Sewer Lines. All sanitary sewer lines serving Property, from the house to the | | | | | | | |
| | | ne, shall be in a safe and funct ailures including but not limite | | | | $ \mathcal{V} $ | | |
| | | rusion. The sanitary sewer line | | | | | | |
| | | ations. (Details on back of the | | · | | | | |
| Notes: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Toilet Removed | o Yes | - Also | | | | | | |
| For Inspection: | 0 165 | 7110 | | | | | | |
| Tol hispection. | | | | | | | | |
| | | | ···· | | | | | |
| Inspectors Signatu | re: | En Man | , | | Date: | 3/20/27 | | |
| Owners Signature: | | | | Date: | | | | |
| / | | | | | | | | |
| | | City R | Review | | | | | |
| Compliant Corrective Action Required | | | | | | | | |
| Certificate of Compliance Expires: 5/20/203 | | | | | | | | |
| Date: | | Signature: Killehour | | | | | | |
| | | Name: Kellie Ho- | Kellie Hoin | | | | | |
| | | | | | | | | |

Service Line Inspection Details

| Weather Conditions: | |
|-----------------------------------|--------------|
| Approximate Depth of Service | |
| Type and Size of Service | 4 PVC 4 COST |
| Overall Condition of Service Pipe | Cood |

| Please note all connections, fittings, points of concern on service line including infiltration, tree root, cracks, misaligned joints, etc. This report must include a digital copy of the televising. | | | | | | |
|---|---|--|--|--|--|--|
| Feet | Comment | | | | | |
| Example: 0 1-10 | Start for 4" cleanout in NE corner of Basement Misaligned joint –Infiltration | | | | | |
| o G | Basement Furnace room 3" Cleanout | | | | | |
| | | | | | | |
| 52 | Coust to PVC | | | | | |
| \J\' | Main | | | | | |
| Notes: | | | | | | |