## TASK 65503



Date Called in	6/16/2022
Date Scheduled	

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

Property Address: 540 Orono Orchard Rd							
PID:	0211723310055						
			Owner In:	formation			
Name:	Sandra	a Larson					
Mailing Address: (if different from Property)					,		
Phone:	612-6	70-3456		Email: melissa.johnson@	acbburnet.	com	******
L # 77.7 77.							
			Inspector In	nformation			
Name:							
Company/ Organi	zation			License number:			
Phone:				Email:			
·		L					,
			Inspe	ction			
System	Stand	lard	***************************************			Pass	Fail
Roof Drains				nould not be connected to the s			
				and outside of a building. If the		,,	
				wer, disconnect them, plug any g a non-shrink permanent mate		X	
				d outside the building.	orran, and		
Foundation	Founda	ation drains are un	derground pip	pes that collect storm water fro			
Drains				a sump basket, where it is ther		ス	
			iilding. Found	dation drains should not be con	inected	`	
Sump Pumps		to the sanitary sewer.  Sump pumps are designed to capture surface or ground water that enters					
Sump i umps	basements or crawl spaces and pump it away from the house. The basic sump						
				a sump pump, a float or swit		`	
				connected to the sanitary sewe			-
Sewer Service				I/I) Compliance Inspection Sar serving Property, from the hou			12
Line				onal condition and shall be free		1	1
				d to partially collapsed section			
		trusion. The sanita cations. (Details c		s shall meet the City Code stan	idards and		
Notes:						<u> </u>	
TYOUS.	7	ree roots	881 9	France 4			
	, ,	1000		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Toilet Removed	o Yes	X No					
For Inspection:							
				Walter and the second of the s			
Inspectors Signature: Date:							
Owners Signature: Date:							
		No.	City R	eview			
□ Compliant				Corrective Action	Required	10/7	12022
Certificate of Compliance Expires: Corrective Action Due by:							
Date: 7-7-22		Signature:		Kille	eHoei		
1100		XI	2 1 mis	17.11			

## Service Line Inspection Details

Weather Conditions:	
Approximate Depth of Service	
Type and Size of Service	
Overall Condition of Service Pipe	

Please no	te 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
0	
64'	CAST From DK
17	
188	
180	roots
209,-	CAMERA ENDED
Notes:	

W.O. #		Invoice#_	
P.O. #	ains	Date:	7-6-22
Time In:	oing drains clean	Phone	
Time Out	rack Village, Unit 119	·	1/10
BOX 309 N	Voodbury, MN 55125 51-888-2059	Tech:/	(4/P)
Customer / Billing Account:	- (a650N		
Address / Work Location: 540 06	ono ofchi	usd so	d 5
10x)4	ey olonu		
Job Notes: Cancoa WC	S runt	Saa	From
Stacks (10 70	act, li		SOUCE
ZIOFT, GECOMENA.	Finding	Clo	
Back Healt 1	ine is	Ca.	st iran
and PUC for	64F+-1	7564	line
Has Z Spots a	+ 188; 20	DET	with
Post growth, seco	incl c	lean	ing line.
<del></del>	Can	refa	-175
709P+	Total Bill:	75	
in the second se	Total Bill:/		
Warranty:/(_/_)/ √C  Payment: □ Cash □ Check #	—— Dilling Acce	unt	/
Payment: ☐ Cash ☐ Check #	Billing Acco		Δuth #
I authorize Kdrains, LLC to attempt cleaning ar			
responsible for any bad plumbing or deteriorating damage as a result of the cleaning efforts. Kdrains result from drain cleaning. If a drain cover is rusted replaced. I also know drain covers are additional covers.	g pipes. I agree to hold LLC will not be held liab For fused on the drain p	d Kdrains, I ble for any v	LC blameless for any vater damage that may
I agree to pay all costs incurred by Kdrains, LLC. per month will be added. (You should not sign or a part of this statement.) By signing I authorize Kdra	uthorize work to be atte ins, LLC to attempt drain	mpted if you ₁∕cleaning.	u do not agree with any
I authorize Kdrains, LLC to work:	elia DTE	lle	C. C.