



TASK 65503

Date Called in	6/16/2022
Date Scheduled	6/24/2022 8:30 AM

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

Reinspected After Repairs 9/26/2022

Property Address:	540 Orono Orchard Rd
PID:	0211723310055

Owner Information			
Name:	Sandra Larson		
Mailing Address: (if different from Property)	CERTIFIED EXPIRES: 9/26/2032		
Phone:	612-670-3456	Email:	melissa.johnson@cbburnet.com

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.	X	
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.	X	
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.	X	
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)	X	
Notes:	Ouverson repaired sewer 2' CIPP at 101' to 99'		
Toilet Removed For Inspection:	<input type="radio"/> Yes <input type="radio"/> No		

Inspectors Signature:	Date:
Owners Signature:	Date:

City Review	
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Corrective Action Required
Certificate of Compliance Expires: 9/26/2032	Corrective Action Due by:
Date: 9/26/2022	Signature: <i>Kellie Hoen</i> Name: Kellie Hoen

CITY OF ORONO
INSPECTION NOTICE

PERMIT NO. SWP22-000069

CALLED IN _____
SCHEDULED _____
COMPLETED _____

DATE

TIME

9/26/22

ADDRESS 540 Orono Orchard Road

OWNER _____ TELEPHONE NO. _____

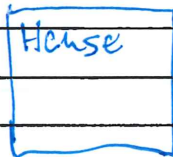
CONTRACTOR Owerson

DESCRIPTION Sewer Repair (1/1 failed 6/24/22)

- | | | |
|--|--|--|
| <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

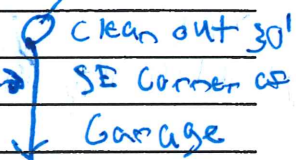
COMMENTS: _____



North →



Owerson repaired sewer
& capped 10' & 9'



Tomlin → SE Corner of
Garage

- | | |
|---|---|
| <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 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: [Signature]

Inspector: [Signature]

White Copy/Inspector's File

Canary Copy/Site Notice

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!