

Task 15239

City Of Orono

Point of Sale Sanitary Sewer Service I&I Compliance Inspection Form

Property Address:		4205 Forest Lake Dr.							
PID:		0711723120027							
			Owner I	nformatior	1				
Name:	Michae	l Redmond							
Mailing Address:	3672 Lerive Way								
(if different from	Chaska, MN 55318								
Property) Phone:		93-2992							
r none.	1802-38	J-2332		* Lillaii.	Treditio002@gittail				
			Inspector	Informatio	nn .				
Name:			mapeotor	momatic	/11				
Company/ Organization				License	number:				
Company, Organiz	Lation		Diodiso namon.						
Phone:				Email:					
	****			•					
			Insp	ection					
System	Standa	ard					Pass	Fail	
Roof Drains					e connected to the san				
	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								
	connect	ions to the sanita	ırv sewer usi	ng a non-sh	rink permanent materi	al, and	enage,		
	redirect	the roof drains of	nto the grou	ınd outside t	he building.				
Foundation					llect storm water from				
Drains					sket, where it is then ns should not be conn	acted	\/		
		nitary sewer.	unumg, rou	ildation diai	iis siloula not de conn	cica			
Sump Pumps	Sump p	umps are desig			or ground water that		/		
T	basemer	ents or crawl spaces and pump it away from the house. The basic sump includes drain tile, a sump pit, a sump pump, a float or switch, and a							
	system i	ncludes drain ti	le, a sump p	it, a sump p	ump, a float or switch	i, and a			
Sewer Service	drain line. Sump pumps should not be connected to the sanitary sewer. Sanitary Sewer Inflow & Infiltration (I/I) Compliance Inspection Sanitary								
Line	Sewer Lines. All sanitary sewer lines serving Property, from the house to the								
		in line, shall be in a safe and functional condition and shall be free from all							
leaks, failures including but not limited to partially root intrusion. The sanitary sewer lines shall meet t					ity collapsed sections of the City Code stand:	or tree ards and		V	
	specifications. (Details on back of this sheet)								
Notes:	Viden	reviewed	0/5/2	12					
	VIVLV	1 CALCACO		L)					
*									
1	-								
Toilet Removed	o Yes	o No							
For Inspection:									
T (C')		 / /		/		Date:	11:-1	100	
Inspectors Signatu	rian / C	Jan / Dranger I			Date:				
Owners Signature						Date:	***************************************		
			C:t.	Review /					
O Compliant			CILY		Corrective Action I) equired			
☐ Compliant Certificate of Compliance Expires:			Corrective Action Required Corrective Action Due by: 9/5/2023						
Date:		<i>.</i> D.	///	7/	<u> 1171</u>	4040			
9/5/23		Signature:	TI TI	the s	Hom				
W15143		Name: Kellie Hoen							

Service Line Inspection Details

Weather Conditions:		
Approximate Depth of Service		
Type and Size of Service	6	
Overall Condition of Service Pipe		

Please no	ote 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:	COMMINAN
0	Start for 4" cleanout in NE corner of Basement
1-10	Misaligned joint –Infiltration
1 10	
0	Video provided from inspect from private Party 6/2/23
	208.5' Out of line
	57.8' Transition from Clay pipe to City PVL 93.6' ROUTS
	93.6' 200ts
	5.7' Break in Pipe
Notes:	Service goes into MH 484