

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

**CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO. SWP23-000042**

DATE  
6/7/23  
CALLED IN  
6/8/23  
SCHEDULED  
6/8/23  
COMPLETED

TIME

9:00 AM

ADDRESS 4205 Forest Lake Dr

OWNER \_\_\_\_\_ TELEPHONE NO. 612 508 9974

CONTRACTOR Coppin

**DESCRIPTION**

Sewer Repair (1/1 Failed)

- |  |  |  |
|--|--|--|
| <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:**

Bill Coppin installed cleanout  
right outside of foundation on North side  
of home. Overson installed liner at 48'-50'  
where roots penetrated sewer service.

- |  |   |
|--|---|
| <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<br>BEFORE COVERING                | _____ TEMPORARY   |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS.<br>INSPECTOR WILL RETURN | _____ PERMANENT   |
| <input type="checkbox"/> STOP ORDER POSTED. CALL INSPECTOR                                     | <input checked="" type="checkbox"/> PHOTO TAKEN         |
| <input type="checkbox"/> INSPECTION REQUIRED. CALL TO ARRANGE ACCESS.                          | <input checked="" type="checkbox"/> CITATION ISSUED     |

**Call for the next inspection 24 hours in advance. (952) 249-4600**

Owner/Contractor on site: \_\_\_\_\_

Inspector: Scott