

City Of Orono Point of Sale Sanitary Sewer Service Inspection Application

Inflow & Infiltration (I/I) Compliance Inspection

Before any property is offered for sale/transfer an Inflow and Infiltration (I/I) Inspection must be completed. The inspection will look for any improper connections or significant defects in the sanitary sewer service pipe. For properties that pass inspection, the City issues a Certificate of I/I Compliance which is valid for 10 years. Properties that don't pass inspection are issued a correction notice delineating the problems. Repairs should be completed within 90 days of the first inspection. If repairs cannot be completed prior to the transfer of a property, proof of an escrow equaling 110% of the estimated cost of repairs shall be provided to the city. If repairs are not completed a monthly surcharge will be applied to the utility bill until the property is in compliance. See City website or call (952) 249-4600 for more information.

Pro	perty Informati	on								
Property Address: 3		2765	19	neasant Rd	EXC	elsion N	IN 59	533	ĺ	
PIL):				1 10		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Ow	ner Information									
	me:	Stephen L.	Bo	ekke						
(if d	iling Address: ifferent from perty)	(same)					_			
	one: (952) 261-4655 Email: bakkeco @amail.com									
Fee	= mopeotion rec due at time or apprecation									
Pay		Call (952) 249-4600) to p	Commercial pay by phone	Inspec	tion: \$750				
	ate Inspection									
If you would like to hire a private inspector instead of allowing a City inspector to complete the inspection please provide the following. See private inspection info sheet.				Inspection Company: Inspectors Name: Phone: Email:						
	nature									
Applicants Name				Applicants Signature				Date		
Stephen L. Bakke				Stephen	plu Babbe				र्	24
Staff Use Only	City Review									
	Application Date:			A STATE OF THE ST				□ Yes □ No		
	Inspection Date and Time:									
	Inspector:									
	Compliant:									
	If not complia Corrective	nt Action Required:					***************************************			
	Corrective Action Due by:				Re-inspection Date & Time:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Inspector:				Compliant: Yes No					
	Certificate of Sanitary Service Line Inflow and Infiltration Compliance									
	Date:		C	Certificate of Compliance Expires:			- The state of the			
	Signature:									
	Name:	***************************************								
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