

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO. SNP22-000097

CALLED IN  
SCHEDULED  
COMPLETED

DATE 1/23/23  
1/24/23  
TIME 2:30 PM

ADDRESS 1940 Lakeview Terrace

OWNER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

CONTRACTOR Aaron Haha 763 443 7276

DESCRIPTION Sewer Connect Inspection

- |  |   |  |
|--|---|--|
| <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 checked="" 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: TASK # 71874

4" SCH. 40 38' R.O.W. TO ELBOW

5# AIR TEST PASSED

TRACER WIRE GROUND ROD

\* NEED TRACER WIRE BOX

INSTALLED ON HOUSE AFTER  
SIDING.

6' RISER WITH CLEAN OUT @  
HOUSE

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> WORK SATISFACTORY: PROCEED                              | <input 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 checked="" 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: YES

Inspector: D.J. Gorman