

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

CITY OF ORONO
INSPECTION NOTICE
PERMIT NO. SNP23-006009

DATE 2/16 TIME 1:00 PM
CALLED IN 2/23/23
SCHEDULED 2/23/23
COMPLETED

ADDRESS 2422 Blossom Circle

OWNER _____ TELEPHONE NO. _____

CONTRACTOR Ground Tech Dawn 651 353 2381

DESCRIPTION Sewer & Water Connect

- | | | |
|--|---|--|
| <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 checked="" 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: SWR TASK # 72686
WTR TASK # 72688

SWR 4" SCH. 40
5# AIR PASSED

WTR 1.5 HDPE CORB STOP HOUSESIDE NEW WASHER
PASSED PRESSURE, NEW STAND PIPE INSTALLED
TRACER WIRE INSTALLED ON BOTH

- | | |
|---|---|
| <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: G.T BRIAN / TYLER

Inspector: D.J.G

White Copy/Inspector's File

Canary Copy/Site Notice

NEED TRACER WIRE FINISHED AFTER CONSTRUCTION