

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!

**CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO.**

*EAST*

CALLED IN  
SCHEDULED  
COMPLETED

DATE

*5/4/23*

*5/10/23*

TIME

*10:00 AM*

ADDRESS *2430 Blossom Circle North*

OWNER

TELEPHONE NO.

CONTRACTOR *Ground Tech*

**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:**

*4" sch 40 pvc sewer service with tracer  
wire & anode*

*5lb air test for 15 min All OK*

*1" Endupure water service with tracer  
wire & anode*

*pressure test OK*

- |  |   |
|--|---|
| <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                | <input type="checkbox"/> TEMPORARY                      |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS.<br>INSPECTOR WILL RETURN | <input type="checkbox"/> 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: \_\_\_\_\_

Inspector: \_\_\_\_\_

*Scott*