

CITY OF ORONO  
INSPECTION NOTICE  
PERMIT NO. SNP25-000025

DATE  
CALLED IN  
SCHEDULED  
COMPLETED

DATE  
TIME  
5/5/25 2pm

ADDRESS 1650 Orchard Creek Trail

OWNER \_\_\_\_\_ TELEPHONE NO. 612-919-0670

CONTRACTOR Derek Nikko Excavating

DESCRIPTION Sewer Connection 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 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: Pressure tested at 40 psi  
1 1/4" - 307' total length  
tracur wire

Task 94629

- |   |   |
|---|---|
| <input 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 BEFORE COVERING                | _____ TEMPORARY   |
| <input type="checkbox"/> CORRECT UNSAFE CONDITION WITHIN _____ HOURS. INSPECTOR WILL RETURN | _____ PERMANENT   |
| <input type="checkbox"/> STOP ORDER POSTED. CALL INSPECTOR                                  | <input 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: [Signature]

CODE REQUIREMENTS ARE FOR YOUR PERSONAL HEALTH AND SAFETY!