

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

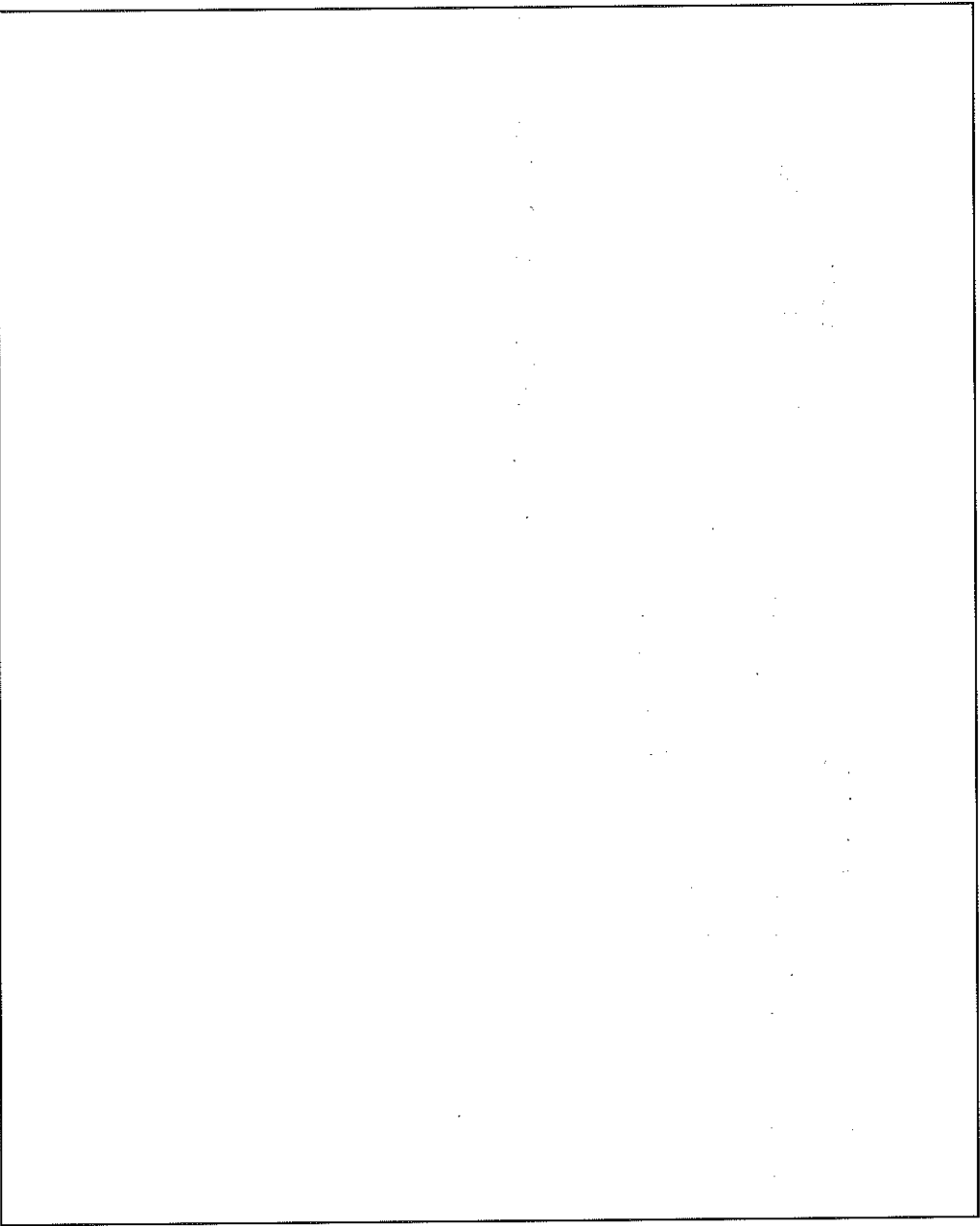


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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------|
| I. APPLICATION INFORMATION (Please Print All Information) | | Soil Test No. <u> </u> | County Permit No: <u>09-0192</u> |
| Property Owner's Name <u>William & Virginia</u> | | Bayfield | |
| Address of Property <u>33090 LITTLE SAND BAY RD</u> | | Property Location: <u>W 1/2 of SW 1/4 NW 1/4 S 33 T 52 N, R 4 E (or) W</u> | |
| Property Owner's Mailing Address <u>808 14th AVE SE</u> | | Township <u>Russell</u> | Gov. Lot #: <u> </u> |
| City, State <u>MDLS</u> | Phone Number <u>505-414-6126</u> | Lot # <u> </u> | Block #: <u> </u> |
| II. TYPE OF BUILDING: (Check One) | | | |
| <input type="checkbox"/> State Owned | | | |
| <input type="checkbox"/> Public (Explain the use/purpose <u> </u>) | | | |
| <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u> </u> | | | |
| III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable) | | | |
| A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor | | | |
| 1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) | | | |
| B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u> </u> Date Issued: <u> </u> | | | |
| IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above | | | |
| C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: <u> </u> gallons or <u> </u> cubic yards) | | | |
| <input type="checkbox"/> Portable Privy (Temporary Use Only) <input checked="" type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet | | | |
| V. ABSORPTION SYSTEM INFORMATION: | | | |
| 1. Gallons Per Day | 2. Absorp. Area Required (Sq.Ft.) | 3. Absorp. Area Proposed (Sq. Ft.) | 4. Loading Rate (Gals. / Day / Sq.Ft.) |
| | | | 5. Perc. Rate (Min. Inch) |
| | | | 6. System Elev.(Feet) |
| | | | 7. Final Grade Elev. (Feet) |
| VI. TANK INFORMATION: | | | |
| Capacity In Gallons | New Tanks | Total Gallons | # of Tanks |
| | Existing Tanks | | |
| Septic Tank or Holding Tank | | | Manufacturer's Name <u>Clivos</u> |
| Lift Pump Tank / Siphon Chamber | | | Prefab. Concrete <u>MS4W</u> |
| | | | Site Constructed |
| | | | Fiber-glass |
| | | | Steel |
| | | | Plastic |
| | | | Exper. App. |
| VII. RESPONSIBILITY STATEMENT: | | | |
| I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans. | | | |
| Plumber's / Owner's Name: (Print) <u>Dave Lorenz Agent Dave Lorenz</u> | | Plumber's / Owner's Signature: (No Stamps) MP/MPRSW No: <u> </u> | |
| Plumber's Address: (Street, City State, Zip Code) <u> </u> | | Home Phone: <u>779.5.275</u> Business Phone: <u> </u> | |
| VIII. COUNTY / DEPARTMENT USE ONLY | | | |
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Sanitary Permit/Transfer Fee: <u>\$1505/28/09 mg</u> | Date Issued: <u>6/4/09</u> |
| <input type="checkbox"/> Owner Given Initial Adverse Determination | Issuing Agent's Signature / Date: <u> </u> / <u>6-29-09</u> | | |
| IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: | | | |
| <u>UNIT MUST BE AT LEAST FIVE (5) FEET FROM ANY PROPERTY LINE</u> | | | |
| <u>Rec'd for Issuance</u> | | | |

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JUN 4, 2009

Plot Plan on reverse side
Secretarial Staff



← Name of Frontage Road () →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY**

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| a. Building to all lot lines | i. Privy to building |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line |
| d. Septic / holding tank to closest lot line | l. Drain field to building |
| e. Septic/holding tank to building | m. Drain field to well |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line | |