

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District: F-2
Lakes Class: _____

ENTERED
County Permit No: 11-0379

Bayfield

Soil Test No: _____
County: _____
Property Location: NE 1/4 NE 1/4 S 31 T 49 N, R 7 E (or) NW

Township: Port Wing
Gov. Lot #: _____

Lot #: _____ Block #: _____
Subdivision Name or CSM #: _____

Parcel ID: _____
Tax Number(s): 04-042-2-4907-31-1 01-000-10000

I. APPLICATION INFORMATION
(Please Print All Information)
Property Owner's Name: Bayfield County
Address of Property: Flag Rd
MAY 31 2011

Property Owner's Mailing Address: Bayfield Co. Zoning Dept.
P.O. Box 832
City, State: Washburn WI
Zip Code: 54891 Phone Number: 715-373-6125

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose: Trail head)
 1 or 2 Family Dwelling - No. of Bedrooms: _____

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)
A) New
 Replacement
 County Private Interceptor
1. Reconnection 2. Repair 3. Revision
** Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. Previous Permit Number: _____
Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
C) Pit Privy Vault Privy (Vault size: 1000 gallons or _____ cubic yards)
 Portable Privy (Temporary Use Only) Composting Toilets 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:

Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Expert App.
	New	Existing									
					<u>Huffcutt</u>						

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) Mave Avoles - Allison
Plumber's Address: (Street, City State, Zip Code) _____
Home Phone: _____
Business Phone: _____

Sanitary Permit/Transfer Fee: \$150. - 6-10-11
Date Issued: _____
Issuing Agent's Signature: [Signature] / Date: 10.16

VIII. COUNTY / DEPARTMENT USE ONLY
 Approved
 Disapproved
 Owner Given Initial
 Adverse Determination

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
The voter did not have to be notified/served by a licensed septic inspector and the permit did have to be referred to the Outfit at least once every three (3) years.