

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

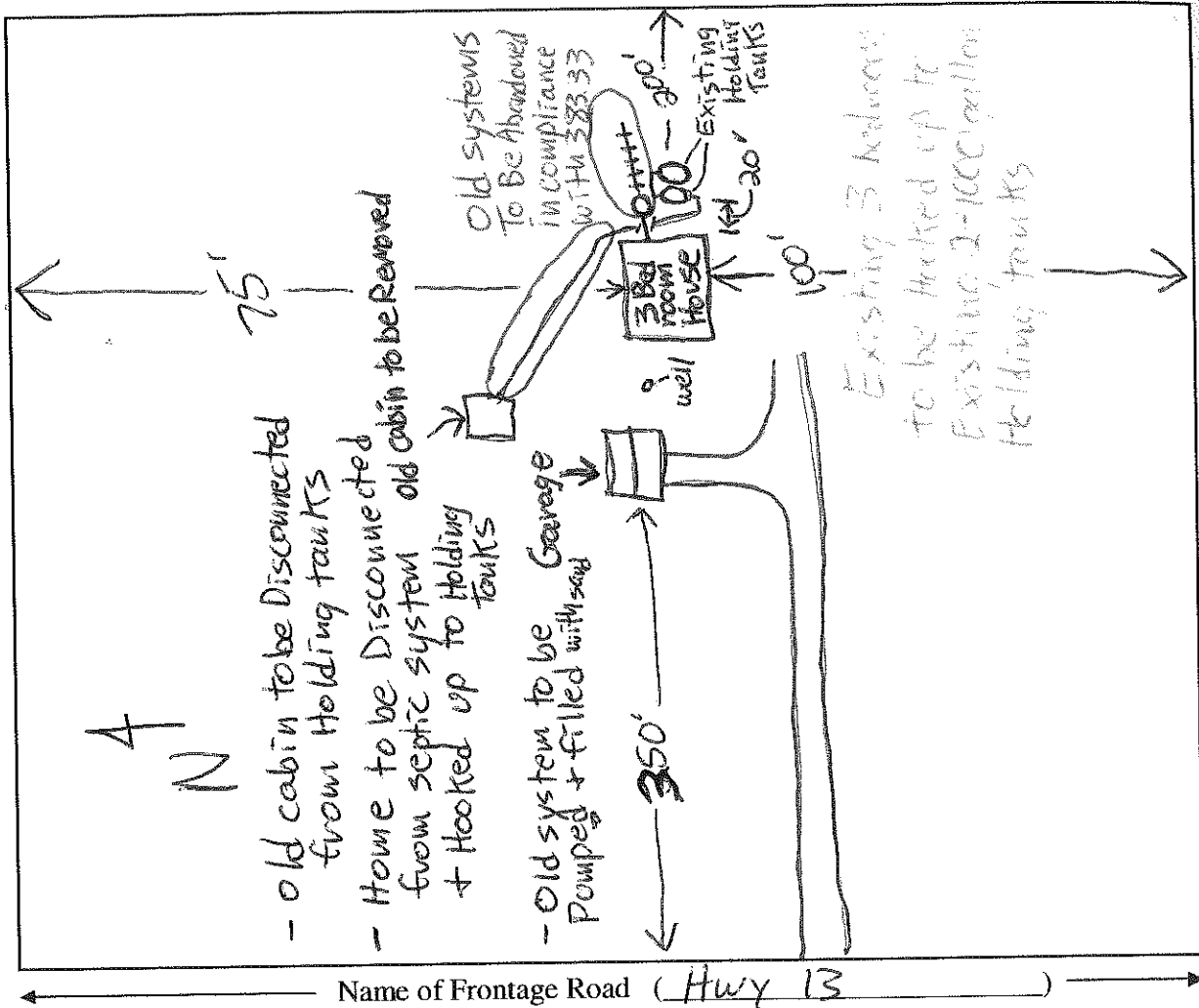


I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No:							
Property Owner's Name <i>Wayne Gilbert</i>				County: <i>13-0374 Bayfield</i>									
Address of Property <i>79260 Hwy 13 Washburn WI 54881</i>				Property Location: <i>1/4 1/4 S 16 T 49 N R 04 (of) W</i>									
Property Owner's Mailing Address <i>79260 Hwy 13</i>				Township <i>Bay View</i>		Gov. Lot #: <i>3</i>							
City, State <i>Washburn</i>		Zip Code <i>54881</i>		Phone Number <i>715-</i>		Lot # South 1/4 of Govt Lot 3 1/2 in RR ROW + EASTERNLY OF VS Hwy 13		Block #: BETWEEN WESTERNLY OF VS Hwy 13		Subdivision Name or CSM #:			
II. TYPE OF BUILDING: (Check One)													
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <i>3</i>													
Parcel ID Tax Number(s): <i>04-008-2-49-04-164</i> <i>05-003-09000</i>													
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)													
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor 1. <input checked="" 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 checked="" type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number: 59822</i> Date Issued: <i>3-18-85</i>													
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: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input 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		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
			New Tanks	Existing Tanks									
Septic Tank or Holding Tank				<i>2-1000 gal</i>	<i>2000</i>	<i>2</i>	<i>Riesner Rasmussen</i>	<i>X</i>					
Lift Pump Tank / Siphon Chamber													
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) <i>Adrien Cady</i>					Plumber's / Owner's Signature: (No Stamps) <i>Adrien Cady</i>			MP/MPSW No: <i>922139</i>					
Plumber's Address: (Street, City State, Zip Code) <i>114 South 5th Ave W. WI 54881</i>					Home Phone: <i>715-292-0656</i>			Business Phone: <i>715-373-2378</i>					
VIII. COUNTY / DEPARTMENT USE ONLY													
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <i>\$50</i>		Date Issued: <i>10-23-13</i>		Issuing Agent's Signature / Date: <i>[Signature]</i> <i>10-23-13</i>					
		<input type="checkbox"/> Owner Given Initial Adverse Determination											
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:													
<i>EXISTING SEPTIC SHALL BE ABANDONED PER CODE. "EXISTING HOLDING TANK INSPECTION FORM" SHALL BE COMPLETED + FILED W/ COUNTY OFFICE.</i>													

Plot Plan on reverse side

037 22 2013
Bayfield County Dept.

Lot Line



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**

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