

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

ENTERED

<b>I. APPLICATION INFORMATION</b> <small>(Please Print All Information)</small>		Soil Test No:	County Permit No: <b>08-0458</b>
Property Owner's Name <b>Scott A. Anderson + Trené Pinnell Anderson</b>		County: <b>Bayfield</b> / <i>Bell</i>	
Address of Property <b>89155 W. Romanis Point Road</b>		Property Location: 1/4, S 29 T 51 N, R 6 E (or W)	
Property Owner's Mailing Address <b>P.O. Box 646</b>		Township <b>Bell</b>	Gov. Lot #: <b>6</b>
City/State <b>Offawa, Illinois</b>	Zip Code <b>61350</b>	Lot # <b>2</b>	Block #:
<b>II. TYPE OF BUILDING</b> (Check One)		Subdivision Name or CSM #: <b>1493</b>	
<input type="checkbox"/> State Owned		Parcel ID	
<input type="checkbox"/> Public (Explain the use/purpose _____)		Tax Number(s): <b>010-1064-05</b>	
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____		Block #:	
<b>III. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)			
A) <input checked="" type="checkbox"/> New		<input type="checkbox"/> County Private Interceptor	
1. <input type="checkbox"/> Reconnection		3. <input type="checkbox"/> Revision	
2. <input type="checkbox"/> Repair		** <input checked="" type="checkbox"/> Transfer of Owner (List Previous Owner below)	
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued.		<b>See attached</b> <b>A. David Stark &amp; Janet E. Stark</b>	
Previous Permit Number: <b>44740</b>		Date Issued: <b>2005</b>	
<b>IV. TYPE OF NON-PLUMBING SYSTEM:</b> (Check One) * Replacements need previous permit number and date filled out above			
C) <input type="checkbox"/> Pit 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			
<b>V. ABSORPTION SYSTEM INFORMATION:</b>			
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)
<b>VI. TANK INFORMATION:</b>		8. System Elev.(Feet)	
Septic Tank or Holding Tank	Capacity In Gallons New Tanks: <b>1</b> Existing Tanks:	Manufacturer's Name <b>Western</b>	Prefab. Concrete
Lift Pump Tank / Siphon Chamber	Total Gallons <b>2000</b>	Site Constructed	Fiber-glass
			Plastic
			Exper. App.
<b>VII. RESPONSIBILITY STATEMENT:</b>			
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.			
Plumber's./ Owner's Name: (Print) <b>Scott A. Anderson</b>		Plumber's / Owner's Signature: (No Stamps) <b>Scott Anderson</b> MP/MPRSW No:	
Plumber's Address: (Street, City State, Zip Code)		Home Phone: _____ Business Phone: _____	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$150.00</b>	Date Issued: <b>8/29/08</b>
<input type="checkbox"/> Owner Given Initial Adverse Determination			Issuing Agent's Signature / Date: <b>[Signature] / 8-21-08</b>
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>			

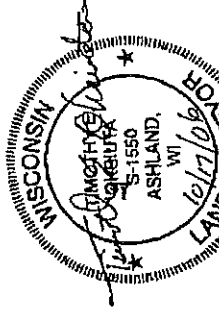
5

NOTE - EXISTING ROUTES EXISTING TANK

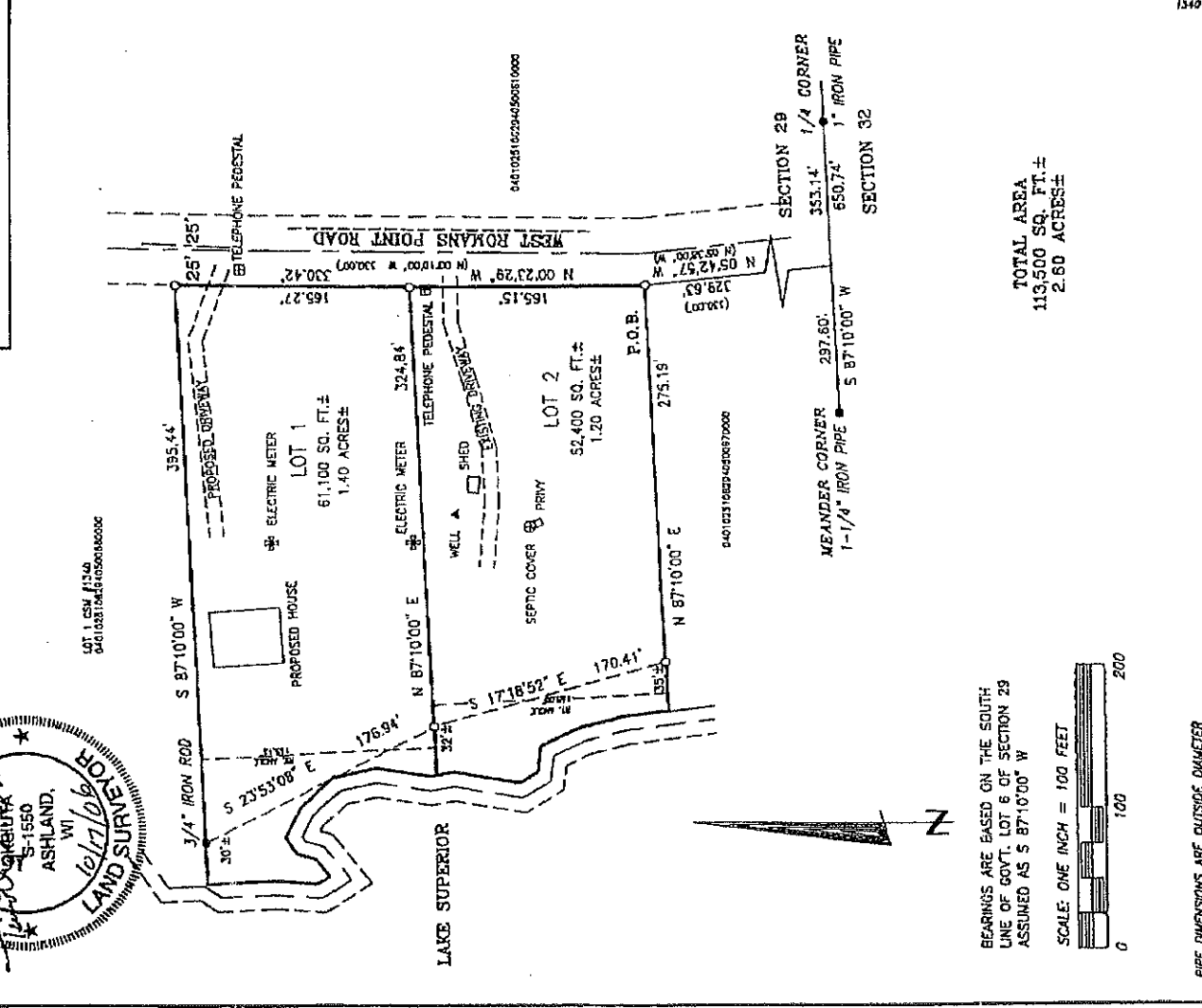
Rec'd for Issuance  
AUG 29 2008

Secretarial Stamp on reverse side

LOTS 3 AND 4 OF AN UNRECORDED SUBDIVISION,  
 LOCATED IN GOVERNMENT LOT 6, SECTION 29,  
 T. 51 N., R. 6 W., IN THE TOWN OF BELL,  
 BAYFIELD COUNTY, WISCONSIN



LOT 1, CS# 41340  
 0401023106454050030000



BEARINGS ARE BASED ON THE SOUTH  
 LINE OF GOVT. LOT 6 OF SECTION 29  
 ASSUMED AS S 87°10'00" W



TOTAL AREA  
 113,500 SQ. FT. ±  
 2.60 ACRES ±

PIPE DIMENSIONS ARE OUTSIDE DIAMETER

- LEGEND
- MONUMENT AS NOTED,  
FOUND IN PLACE
  - 1" x 18" IRON PIPE, WEIGHING  
1.13 LBS./FT. SET THIS SURVEY
  - ( ) RECORDED AS

CLIENT: DAVID & JANET STERK

JOB NO: 06-136 FILE: N151N6W/SEC29  
 MB. 318 PG. 29 PSD-RANDELET ACD:R06136  
 OCTOBER 13, 2006 SCALE: 1 INCH = 100 FEET  
 DRAFTED BY: GJB SHEET 1 OF 2 SHEETS

NEILSON  
 SURVEYING  
 INCORPORATED  
 103 W. JAW STREET  
 SUITE 207  
 WISCONSIN 54904  
 FAX: (715) 882-5100  
 SURVEYING SINCE 1954  
 MAP NO. CS# 1540