

ENTERED

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

**I. APPLICATION INFORMATION**  
(Please Print All Information)  
Soil Test Permit No: 09-0472

Property Owner's Name: BILL DYER (Linda)  
County: **Bayfield**

Address of Property: 23150 SPIRIT PT RD N  
Property Location: THE WEST 140' OF THE EAST 1/2 OF GOV LOT 4

Property Owner's Mailing Address: 23150 SPIRIT PT RD N  
Township: BELL - #51 N. 6 W Gov. Lot #: 4 Sec. 23

City/State: OSCEOLA, WI  
Zip Code: 7423932

**II. TYPE OF BUILDING:** (Check One)  
 State Owned  
 Public (Explain the use/purpose: 501-384-2350)  
 1 or 2 Family Dwelling - No. of Bedrooms: 2

**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: 428577 Date Issued: 6-29-96

**IV. TYPE OF NON-PLUMBING SYSTEM:** (Check One) \* Replacements need previous permit number and date filled out above  
C)  Pit Privy (Vault size: \_\_\_\_\_ 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)

Capacity In Gallons	Total Gallons		Manufacturer's Name	Site Constructed	Steel	Fiber-glass	Exper. App.
	New Tanks	Existing Tanks					
Septic Tank or Holding Tank	2	2000	✓				
Lift Pump Tank / Siphon Chamber							

**VII. RESPONSIBILITY STATEMENT:**

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plan.

Plumber's / Owner's Name: (Print) RICHARD R WSZALEK MP/MPRSW No: 226002

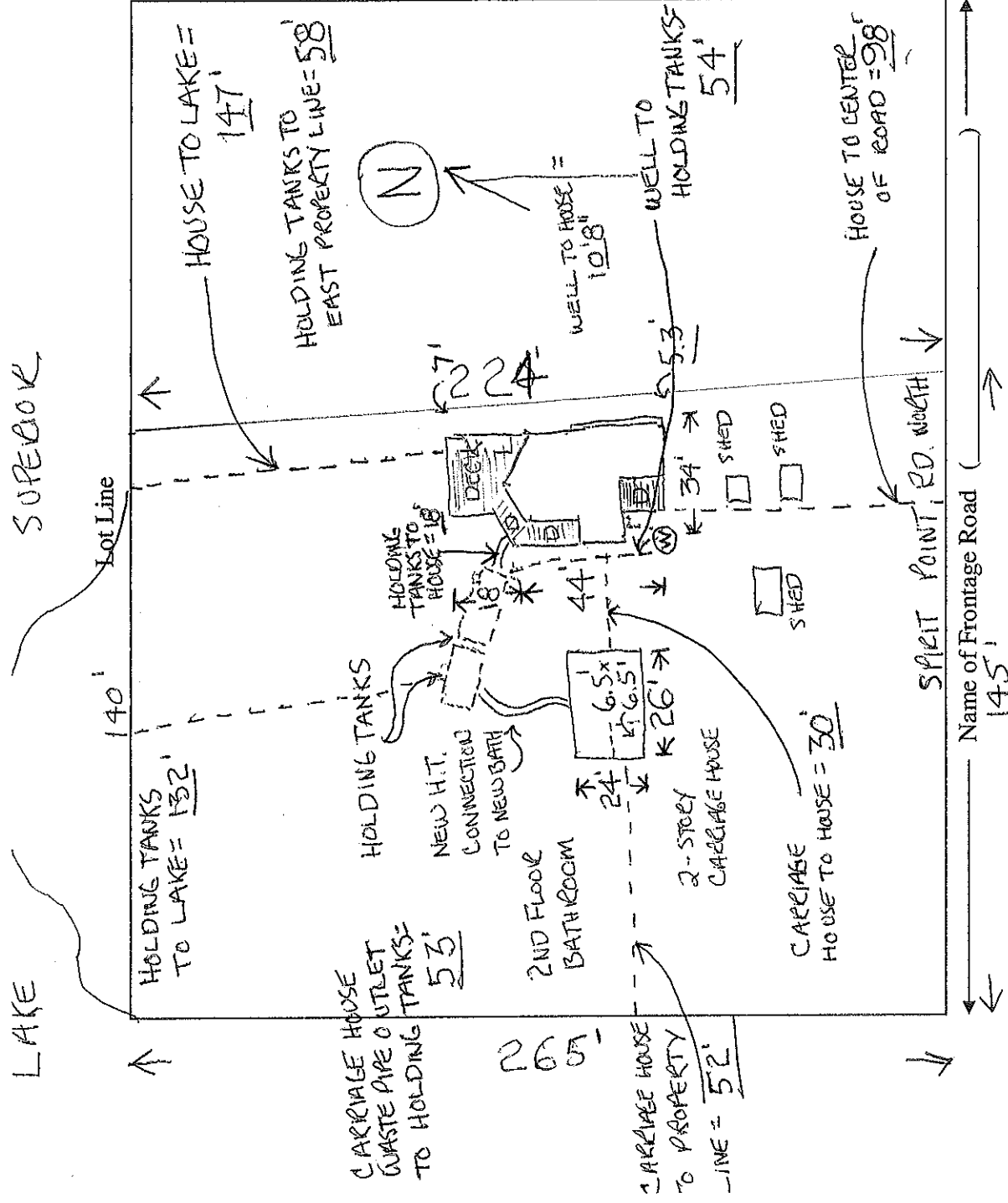
Plumber's Address: (Street, City State, Zip Code) 90845 OLD CTY K WI 53814 Home Phone: 779 3119 Business Phone: 779 5081

**VIII. COUNTY / DEPARTMENT USE ONLY**

Approved  Disapproved  
Sanitary Permit/Transfer Fee: \$ 50.00 9/14/09  
Date Issued: 10/8/09 Issuing Agent's Signature / Date: [Signature] 10-1-09

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

Rec'd for Issuance  
OCT 7 2009  
Secretarial Staff  
Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).  
 Name of Frontage Road ( ) 145'  
 SPLIT POINT RD. NORTH
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:
  - a. Building to all lot lines ✓
  - b. Building to centerline of road ✓
  - c. Building to lake, river, stream or pond ✓
  - d. Septic / holding tank to closest lot line ✓
  - e. Septic/holding tank to building ✓
  - f. Septic / holding tank to well ✓
  - g. Septic / holding tank to lake, river, stream or pond ✓
  - h. Privy to closest lot line ✓
  - i. Privy to building ✓
  - j. Privy to lake, river, stream or pond ✓
  - k. Drain field to closest lot line ✓
  - l. Drain field to building ✓
  - m. Drain field to well ✓
  - n. Drain field to lake, river, stream or pond ✓
  - o. Well to building - 10' 8"

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