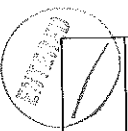


BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
(Please Print - All Information)

Property Owner's Name: James Robert Fxt County Permit No: 10-0005
 Address of Property: 88955 Thunder Bay Road, Harbester, WI 54840 County: Bayfield
 Property Owner's Mailing Address: 398 Alain Street Property Location: 1/4 NE 1/4 S 32 T 50 N, R 06 E (or W)
 City, State: Dubuque, Iowa Zip Code: 52001 Phone Number: 563-583-1941 Township: REC Gov. Lot #: 2
 Lot #: Lot 2 Block #: Lot 2 Subdivision Name or CSM #: Thunder Bay Shores
 Parcel ID: 04-010-2-51-06-32-2 Tax Number(s): 00-297-02000

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose)
 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
 Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards) Composting Toilets Incinerating Toilet
 Portable Privy (Temporary Use Only) Composting Toilets

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		# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks								
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber				<u>Bo West</u>						

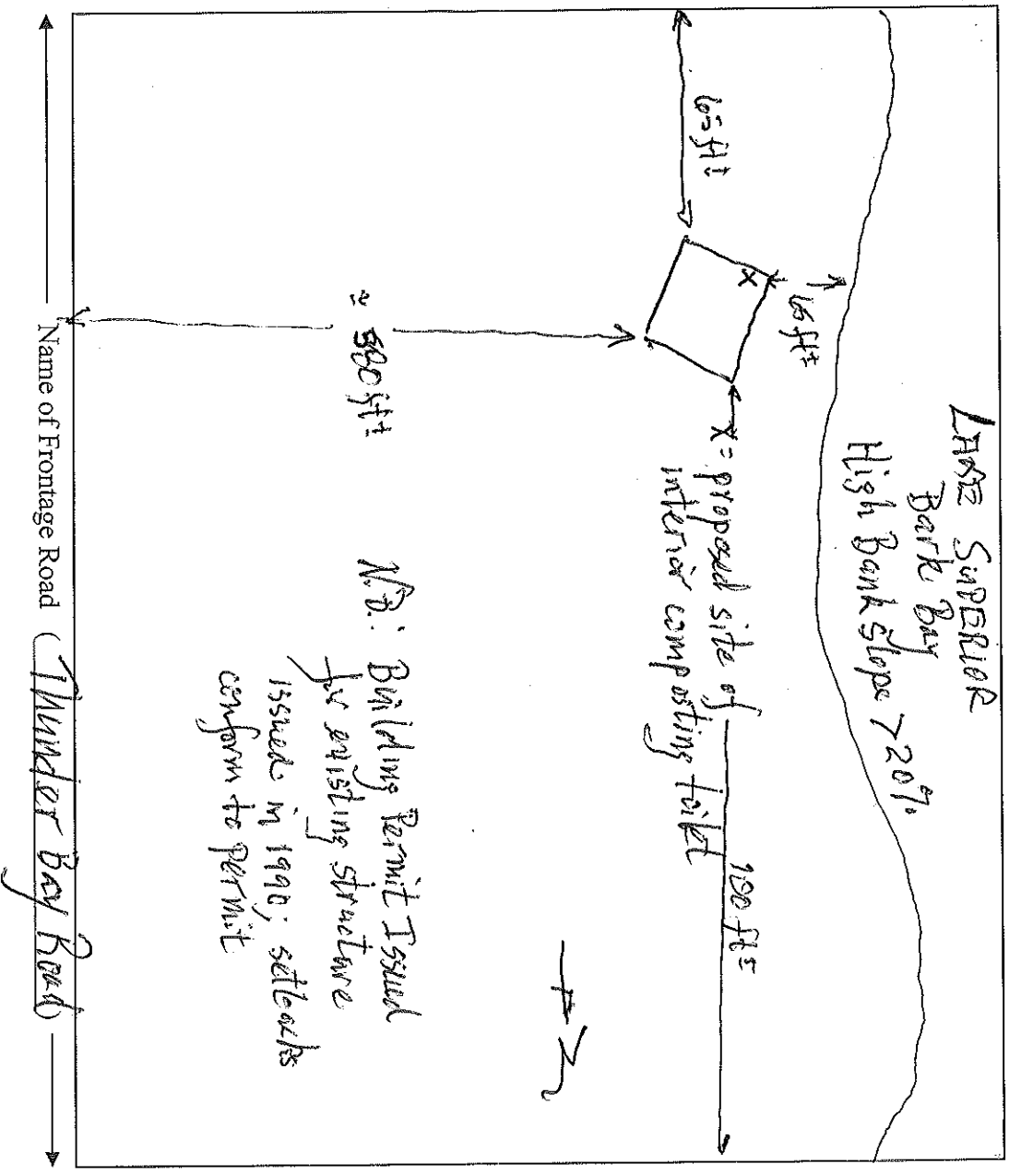
VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's / Owner's Name: (Print) James Robert Fxt Plumber's / Owner's Signature: James Robert Fxt (No Stamps) MP/MPSRW No:
 Plumber's Address: (Street, City State, Zip Code) SAME AS OWNER Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>1/6/10</u>	Issuing Agent's Signature / Date: <u>[Signature] / 1-5-10</u>
<input type="checkbox"/> Disapproved	Owner Given Initial Adverse Determination		

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Rec'd for Issuance
JAN 6 2010
Secretarial Staff



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

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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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