

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

<b>I. APPLICATION INFORMATION</b> <small>(Please Print All Information)</small>		Soil Test No. <u>28-08</u>	County Permit No. <u>11-0082</u>
Property Owner's Name <b>ARNE LARSEN</b>		County: <b>Bayfield</b>	
Address of Property <b>88215 STAGE ROAD</b>		Property Location: <b>NE 1/4 SW 1/4 S 35 T 51 N R 6 E (or W)</b>	
Property Owner's Mailing Address <b>POB 93</b>		Township <b>BELL</b>	Gov. Lot #:
City/State <b>Grand View</b>	Zip <b>54839</b>	Lot #	Block #:
<b>II. TYPE OF BUILDING: (Check One)</b>		Parcel ID	Subdivision Name or CSM #:
<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 <u>1</u>		Tax Number(s): <b>04-010-2-51-06-35-3 01-005-30006</b>	
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>			
A) <input checked="" type="checkbox"/> New		Replacement <input type="checkbox"/> County Private Interceptor	
1. <input 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 type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number:</i> _____ Date Issued: _____			
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>			
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 checked="" 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>			
	Capacity In Gallons	Existing Tanks	Total Gallons
Septic Tank or Holding Tank			
Lift Pump Tank / Siphon Chamber			
<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>ARNE LARSEN</b>	Plumber's / Owner's Signature: (No Stamps) <i>[Signature]</i>	Home Phone: <b>734-2332</b>	Business Phone: _____
Plumber's Address: (Street, City State, Zip Code) <b>POB 93 Grand View, WI 54839</b>			
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$1504-19-11/mq</b>	Date Issued: <b>4/29/11</b>
Owner Given Initial Adverse Determination		Issuing Agent's Signature / Date: <i>[Signature]</i> <b>RAU</b>	
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>			

per attached affidavit

Arne Larson  
Soil Test Plot Plan  
Scale: 1" = 50'

