

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION **RECEIVED**

Property Owner's Name: Jim Horsch SEP 02 2011 County: Bayfield

Address of Property: 84905 SISKIWT SHORES BAYFIELD DRIVE DEP NE 1/4, S 21 T 50 N, R 16 E (or W)

Property Owner's Mailing Address: 116 FRASER ST Township: BELL Gov. Lot #:

City, State: HASTINGS, MN Zip Code: 55033 Phone Number: 612-247-2033 Lot #: Block #: Subdivision Name or CSM #:

II. TYPE OF BUILDING: (Check One)

State Owned

Public (Explain the use/purpose _____)

1 or 2 Family Dwelling - No. of Bedrooms: 1 Parcel ID: _____ Tax Number(s): 04-610-2-5D-06-21-1 01-600-10000

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

C) Pit Privy Vault Privy (Vault size: 200* 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)

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 of Holding Tank	X		200	1							X
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) Jim Horsch Plumber's / Owner's Signature: (No Stamps) Jim Horsch MP/MPRS/ No: _____

Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

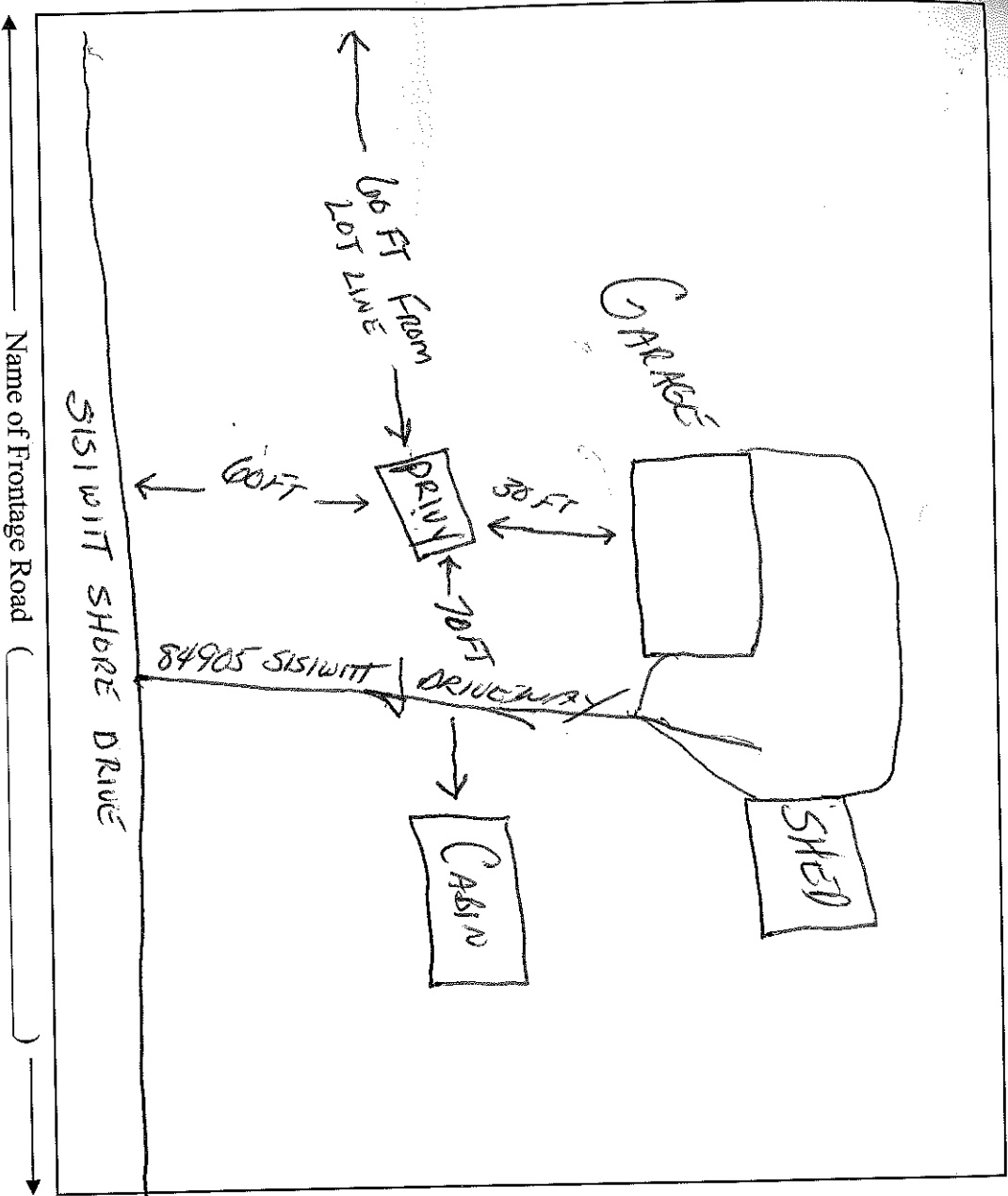
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>9/03/11</u>	Issuing Agent's Signature / Date: <u>[Signature]</u> 9-22-11
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IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

No plumbing water or plumbing fixtures resulted and the associated tank valves are approved on-site alternative disposal system is installed.

_____ acid for issuance

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**

- 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

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891
(715) 373-6138

u/forms/sanitaryapplication1
June 2006