

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District: R-1  
Lakes Class: 1

**I. APPLICATION INFORMATION**  
(Please Print All Information)

Soil Test No. \_\_\_\_\_ County Permit No. 12-0005

Property Owner's Name William Gray & Steven

County: Bayfield

**Bayfield**

Address of Property

Property Location:

24950 Hwy 13 Town of Belle

1/4 S 24 T 51 N R 6

Property Owner's Mailing Address

Township

1502 Morrison St.

Belle

City/State

Lot #

Morrison WI

Part 152 of H 894 #1

Zip Code

Block #:

53703

0

Phone Number

Subdivision Name or CSM #:

608-255-3941

-

Parcel ID

Tax Number(s): 04-010-2-51-06-24-4-05-001-16000

ACT. 010-1054-04-00)

**II. TYPE OF BUILDING:** (Check One)

State Owned

Public (Explain the use/purpose \_\_\_\_\_)

1 or 2 Family Dwelling - No. of Bedrooms 3

**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: \_\_\_\_\_

C)  Pit Privy  Vault Privy (Vault size: \_\_\_\_\_ gallons or \_\_\_\_\_ cubic yards)

Portable Privy (Temporary Use Only)  Composting Toilets  Incinerating Toilet

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

**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)

Septic Tank or Holding Tank

Lift Pump Tank / Siphon Chamber

Capacity In Gallons

New Tanks

Existing Tanks

Total Gallons

# of Tanks

Manufacturer's Name

Prelab. Concrete

Site Constructed

Steel

Fiber-glass

Plastic

Exper. App.

**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) Steven Olsen

Plumber's / Owner's Signature: (No Stamps) [Signature]

MP/MPPRSW No: \_\_\_\_\_

Plumber's Address: 11988 Stevens Avenue

Home Phone: 608-255-3941

Business Phone: 608-358-2065

Address: 1502 Morrison St. Ladison WI 53703

**VIII. COUNTY / DEPARTMENT USE ONLY**

Sanitary Permit/Transfer Fee: \$150.00 RDS

Date Issued: 2/2/12

Issuing Agent's Signature / Date: [Signature] / 2-14-12

Owner Given Initial DO

Adverse Determination None

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

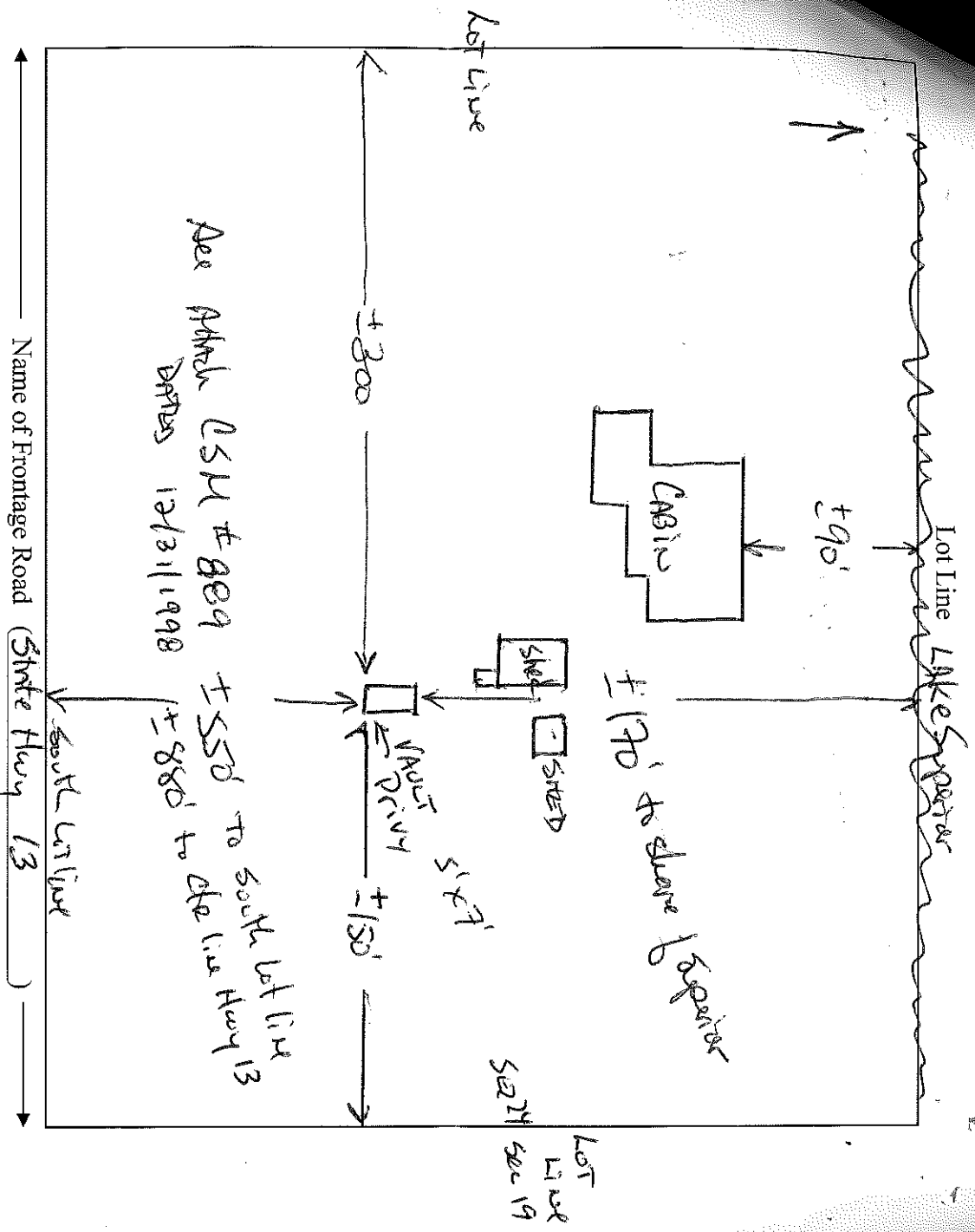
No violation, with a new sanitary permits advised no associated penalty if this device is the primary means of sanitation for said building.

Rec'd for Issuance

FEB 2 2012

Plot Plan on reverse side

As this is a replacement. (New) Secretarial Staff OK 1/22/12



**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:
  - 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/sanitary application 1  
 August 2010

check EOG-358-2015