

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



<b>I. APPLICATION INFORMATION</b> (Please Print All Information)			Soil Test No:	County Permit No: <u>09-0044</u>
Property Owner's Name <u>TOWNS OF CLOVER</u>			County: <b>Bayfield</b>	
Address of Property <u>90210 BARK IT ROAD</u>			Property Location: <u>1/4 S 24 T 51 N, R 7 E (or) W</u>	
Property Owner's Mailing Address <u>P.O. Box 94</u>			Township: <u>Bayners Co. Zoning Dept</u>	Gov. Lot #: <u>1</u>
City, State <u>HERBSTER WI</u>	Zip Code <u>54844</u>	Phone Number <u>715-774-3780</u>	Lot #	Block #: <u>1</u>
			Subdivision Name or CSM #:	

<b>II. TYPE OF BUILDING: (Check One)</b>		Parcel ID
<input type="checkbox"/> State Owned	<input checked="" type="checkbox"/> Public (Explain the use/purpose <u>Public BOAT LAUNCH</u> )	Tax Number(s): <u>04-014-2-51-07-24-3 05-001-30000</u>
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms		

<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	<input type="checkbox"/> 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> _____ <i>Date Issued:</i> _____			

<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 checked="" type="checkbox"/> Vault Privy (Vault size: <u>200</u> gallons or _____ cubic yards)
<input type="checkbox"/> Portable Privy ( <b>Temporary Use Only</b> )	<input type="checkbox"/> Composting Toilets <input type="checkbox"/> 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 or Holding Tank		1		200	1	KHILSON				X		
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 / <u>Owner's</u> Name: (Print) <u>TOWNS OF CLOVER, DOUGLAS CASINA</u>	Plumber's / <u>Owner's</u> Signature: (No Stamps) <u>TOWNS SUPERVISOR</u>	MP/MPSW No:
Plumber's Address: (Street, City State, Zip Code) <u>P.O. Box 94 HERBSTER, WI 54844</u>	Home Phone: <u>715-774-3780</u>	Business Phone:

<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150 mg</u> <u>3/5/09</u>	Date Issued: <u>3/11/09</u>
		Issuing Agent's Signature / Date: <u>[Signature]</u> <u>3-9-09</u>	

<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>	

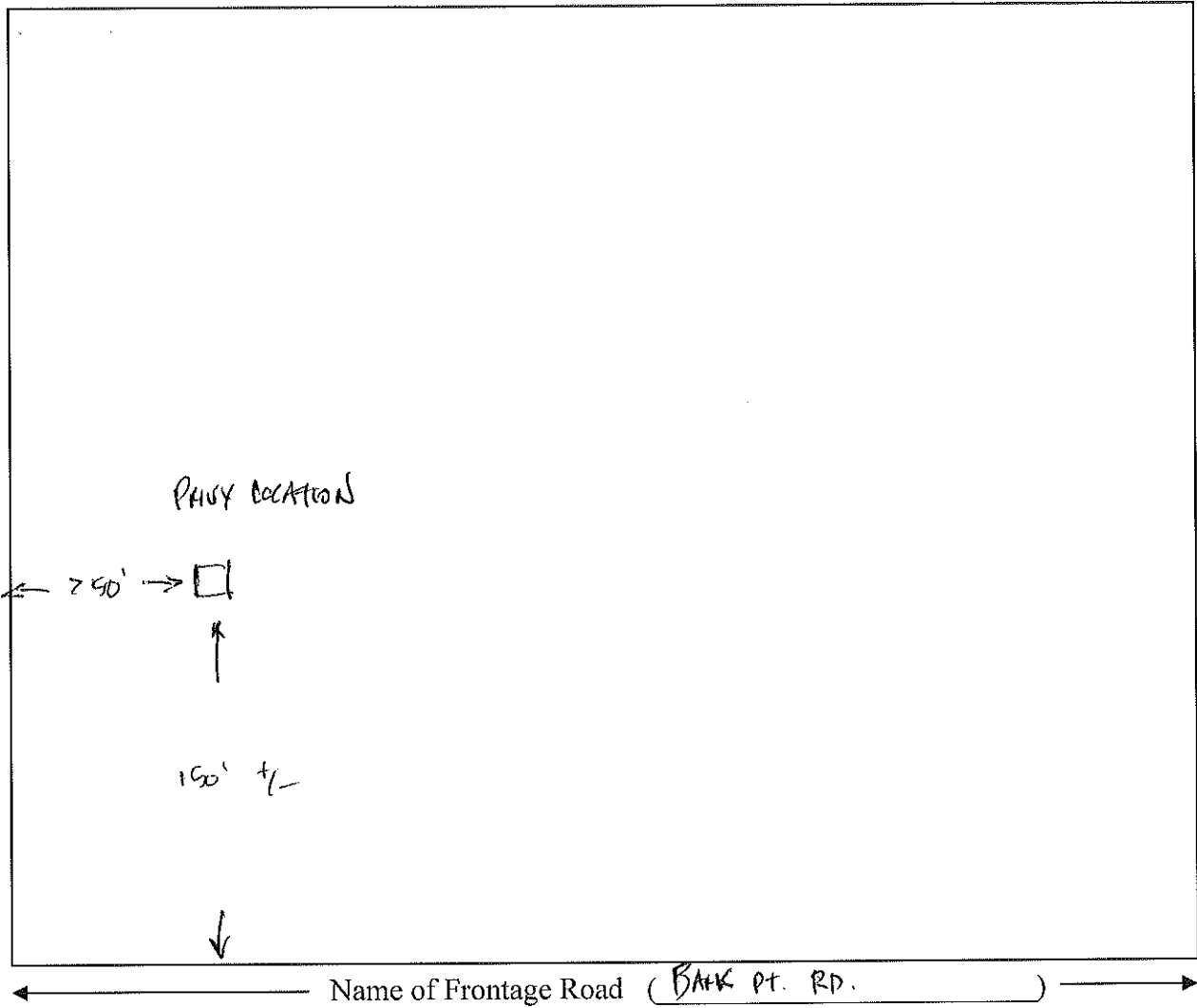
Rec'd for Issuance

MAR 11, 2009

Secretarial Staff

Plot Plan on reverse side

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                  | i. Privy to building                          |
| b. Building to centerline of road             | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond    | k. Drain field to closest lot line            |
| d. Septic tank to closest lot line            | l. Drain field to building                    |
| e. Septic tank to building                    | m. Drain field to well                        |
| f. Septic tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                  |   |

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

u/forms/sanitaryapplication1  
June 2006