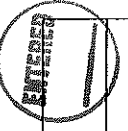


# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



## I. APPLICATION INFORMATION

(Please Print All Information)

Soil Test No: \_\_\_\_\_ County Permit No: 09-0270

Property Owner's Name: Eric Moore County: Bayfield

Address of Property: 13970 COR 13, HERSTAD WI 54844 Property Location: of the NE 1/4

Property Owner's Mailing Address: 6814 E Fish Lake Rd, Maple Grove, MN Township: Clover Gov. Lot #: \_\_\_\_\_

City, State: MAPLE GROVE MN Zip Code: 55369 Phone Number: 612-715-6988 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: GARAGE

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 filed on above

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

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:

Septic Tank or Holding Tank \_\_\_\_\_

Lift Pump Tank / Siphon Chamber \_\_\_\_\_

Capacity In Gallons: New Tanks \_\_\_\_\_ Existing Tanks \_\_\_\_\_

# of Tanks \_\_\_\_\_

Total Gallons \_\_\_\_\_

Manufacturer's Name: SUN-MAR Prefab. Concrete \_\_\_\_\_ Site Constructed \_\_\_\_\_

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): Eric S. Moore Plumber's Owner's Signature (No Stamps): Eric S. Moore MP/MPSRW No: \_\_\_\_\_

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

VIII. COUNTY/DEPARTMENT USE ONLY

Sanitary Permit/Transfer Fee: \$150.00 PDS Date Issued: 7/6/09 Issuing Agent's Signature / Date: [Signature] / 7-7-09

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

No loading water meter may enter. Not plumbing fixtures are included within the structure in which this privy device serves.

Rec'd for Issuance

JUL 6, 2009

Secretarial Staff



GARAGE 30x29'  
ERIC MOORE  
#13970 CURD 13  
K66510 WI