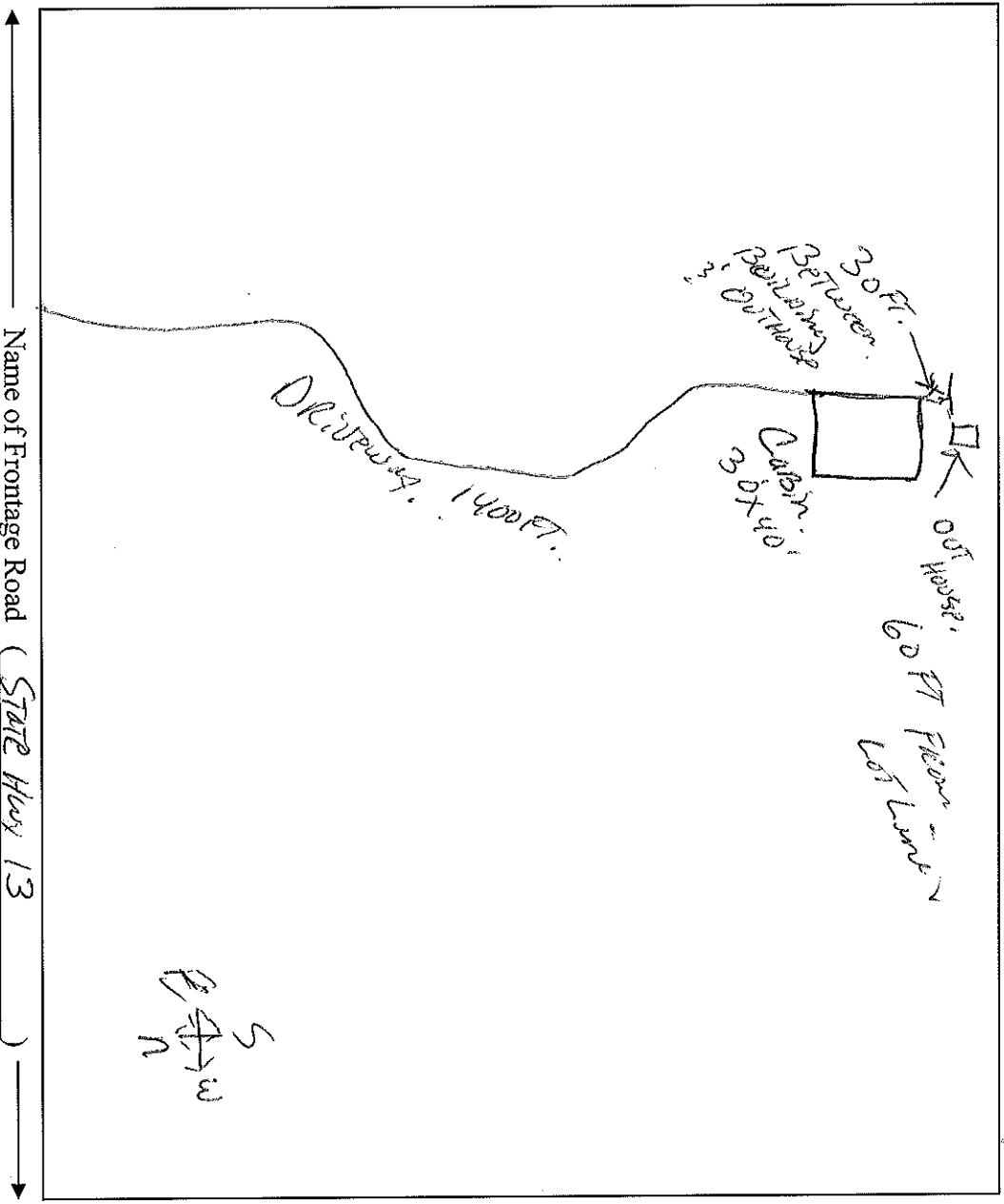


BAYFIELD COUNTY SANITARY PERMIT APPLICATION

| | | | | | | | | |
|--|-----------------------------------|---|--|---|-----------------------|-----------------------------|---------|-------------|
| I. APPLICATION INFORMATION (Please Print All Information) | | RECEIVED | | County Permit No: 10-0076 | Not Entered | | | |
| Property Owner's Name Pete Terry / Robert Klein | | County: APR 01 2010 | | Bayfield | | | | |
| Address of Property 16825 State Hwy 13 | | Property Location: W 1st St SE 1/4 S 3 T 50 N, R 7 E (or W) | | | | | | |
| Property Owner's Mailing Address: 1315 Dorale Ave. Hastings, MN 55033 | | Township Clouek | | Gov. Lot #: _____ | | | | |
| City, State Hastings, MN | Zip Code 55033 | Lot # | Block #: | Subdivision Name or CSM #: | | | | |
| II. TYPE OF BUILDING (Check One) | | | | | | | | |
| <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 1 | | | | | | | | |
| III. TYPE OF PERMIT (Check only one box on line A. Check box on line B, if applicable) | | | | | | | | |
| 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. Previous Permit Number: _____ Date Issued: _____ | | | | | | | | |
| IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above | | | | | | | | |
| C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: 200 gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <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 | Manufacturer's Name | Site Constructed | Fiber-glass | Plastic | Exper. App. |
| | | New Tanks | Existing Tanks | ? | X | | | |
| Septic Tank or Holding Tank | | | | | | | | |
| 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) Pete Terry / Robert Klein | | Plumber's / Owner's Signature: (No Stamps) <i>Robert Klein</i> | | MP/MPSRW No: _____ | | | | |
| Plumber's Address: (Street, City State, Zip Code) | | Home Phone: | | Business Phone: | | | | |
| VIII. COUNTY / DEPARTMENT USE ONLY | | | | | | | | |
| <input checked="" type="checkbox"/> Approved | | Sanitary Permit/Transfer Fee: \$150 7/7/10 | | Date Issued: 04/14/10 | | | | |
| <input type="checkbox"/> Disapproved | | Owner Given Initial Adverse Determination | | Issuing Agent's Signature / Date: <i>[Signature]</i> / 4-2-10 | | | | |
| IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: | | | | | | | | |

7

Lot Line



**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:

| | |
|--|---|
| <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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