

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
(Please Print All Information)

Soil Test No: CECEIVE County Permit No: 11-0052

Property Owner's Name: Richard W. & Sandra L. Olson Jr. County: Bayfield

Address of Property: 17870 Bark Bay Road Herbster, WI
421 2nd Ave E.

Property Location: Parcel in Bayfield Co., Zoning Dept 50 N, R 7 E (6E) W

Property Owner's Mailing Address: 17870 Bark Bay Road Herbster, WI
421 2nd Ave E.

Township: Clover Gov. Lot #: _____

City, State: Washburn, WI Zip Code: 54891 Phone Number: 715-373-5914

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: _____

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 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 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) Richard W. Olson Jr. Plumber's / Owner's Signature: (No Stamps) Richard W. Olson Jr. MP/MPSRW No: _____

Plumber's Address: (Street, City State, Zip Code) 715-373-5714 Home Phone: 715-373-5714 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>4-12-11</u>	Issuing Agent's Signature / Date: <u>[Signature] 4/6/11</u>
	<input type="checkbox"/> Owner Given Initial Adverse Determination	<u>3/30/11</u>		

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

No running water - dry system - no running fixtures are needed in already seated
By this privy - water seal time that the already is seated by a suitable to
APPROVED WASTEWATER TREATMENT SYSTEM.

NOTE: WALL STAYED AT DISPOSITIONS ON P. 12.01
STRUCTURE WENT OVER AT 03'

Amended
4-11-11

RECEIVED
APR 11 2011

Bayfield Co. Zoning Dept.

Revised

660' Right of Way
Bank Bay Town Road

