

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information)

Property Owner's Name: Thomas & Diane Brouch County Permit No: 09-0348

Address of Property: Iron River **Bayfield**

63390 Phantom Lake Rd WI Property Location: NW 1/4 SW 1/4 S 6 T 46 N, R 7 E (or W)

721 Queensgate Circle Township: Delta Gov. Lot #: _____

City, State: Sugar Grove IL Zip Code: 60554 Phone Number: 630-466-7744 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 Privy (Vault size: 1,000 gallons or 600 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	Expert. App.
							New Tanks	Fiber-glass
		1000					Existing Tanks	Steel
		600						Plastic

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) Thomas L Brouch Plumber's Signature: (No Stamps) _____ MP/MPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) Sugar-Grove IL 60554 Home Phone: 630-466-4334 Business Phone: 630-258-7849

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved

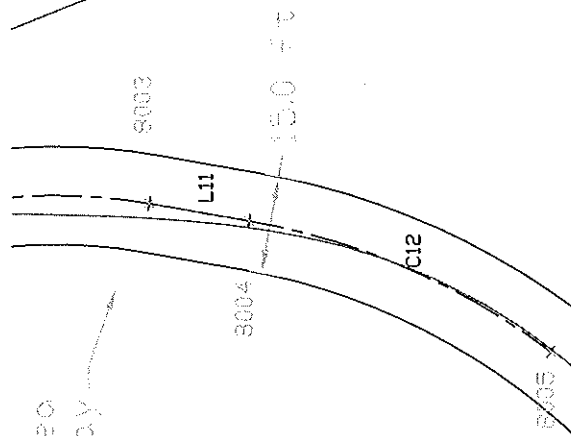
Sanitary Permit/Transfer Fee: \$1507/31/09 Date Issued: 8/21/09 Issuing Agent's Signature / Date: [Signature] 8-14-09

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Rec'd for Insurance
 8/16/09
 Secretarial St.

Plot Plan on reverse side

Improved
Driveway



8.92'

Proposed PRVY Site



Installed Septic
Area

Existing Footpath to lake

100 ft. offset to water line

143.43'

S61°47'43"W

Existing Footpath along lake

Water 1

190.00'

line - as surveyed

Mountain