

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**

Zoning District: **RRB**
Lakes Class: **3** **ENTERED**

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name:

Ken & Darlene Rasputnik

Address of Property:

29875 Hwy 137 Basswood

Property Owner's Mailing Address:

29875 Hwy 137

Soil Test No.: **01-13**
Date: **JAN 02 2013**

County Permit No.: **13-0002**

Bayfield

County: **Bayfield**
Property Location: **SW 1/4 NW 1/4 S 13 T 46 N R 8 E (or) W**

Township: **Delta** Gov. Lot #:

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 _____

Parcel ID Tax Number(s): **0401624608132-0300020000**

III. TYPE OF PERMIT (Check only one box on line A. Check box on line B, if applicable)

- A) New Replacement County Private Interceptor
 Reconnection Repair 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: _____ gallons or _____ cubic yards)
 Portable Privy Camping Transfer Unit Container 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	Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Pretab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.

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) _____ Plumber's / Owner's Signature: (No Stamps) _____ MP/MPPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) *Ken Rasputnik* Home Phone: *715-682-9240* Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

Sanitary Permit/Transfer Fee: _____ Date Issued: **1-7-10** Issuing Agent's Signature / Date: *RUCD 1/7/10*

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Approved
 Disapproved
 Owner Given Initial
 Adverse Determination

\$150

Town of Delta

Page 20

Parcel in SW-NW-13-T46N-R8W

- Map Scale - 1" = 40'

- B.M. - top of Survey Pipe = 100'
(1.67' above ground level)

- Elevations

B1 = 104.0'

Center = 92.5'

Huon = 93.0'

- System Elevation

101.5'

- One bedroom new construction =
150 gpd

- Unvaulted Pury Recommended

- Contingency Plan - If or when Pury
ever fails, another soil test recommended
to find suitable replacement site

Proposed
Cabin

B1
Pury

Survey
Pipe

