BAYFIELD COUNTY SANITARY PERMIT APPLICATION

RECEIVED OCT 06 2008

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No: 168-08	County Permit No: 08-0574 ENTERED
Property Owner's Name: Jack Jeatram (Jeatran)	County: **Bayfield**	
Address of Property: ~~8200 28th Ave~~ 8200 CTY Rd N	Property Location: NW¼ NE¼, S 33 T 45 N, R 8 E (or) W	
Property Owner's Mailing Address: E 4202 528th Ave	Township: Drummond	Gov. Lot #:
City, State: Menominee, WI; Zip Code: 54751; Phone Number:	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 2

Parcel ID Tax Number(s): 018-1136-04 990

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: _____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: New Tanks	Capacity In Gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
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)	Plumber's / Owner's Signature: (No Stamps)	MP/MPRSW No:
John Solofra	[signature]	223779

Plumber's Address: (Street, City State, Zip Code)	Home Phone:	Business Phone:
P.O. Box 161		

VIII. COUNTY / DEPARTMENT USE ONLY

☐ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: $150 10/6/08 RDS	Date Issued: 10/17/08	Issuing Agent's Signature / Date: M. Furtak 10/14/08

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Rec'd for Issuance

OCT 17 2008

Secretarial Staff

Site Plan on reverse side