

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

\$150 ENTERED

I. APPLICATION INFORMATION
(Please Print All Information)

Soil Test No: County Permit No: 09-0557

Property Owner's Name: Peter S. Berge et al County: Bayfield

Address of Property: 52246 Delta Drummond Rd Property Location: part of NE 1/4 NE 1/4, S 32 T 45 N, R 7 E (or) W

City, State: Strum, WI Zip Code: 54770 Township: Drummond Gov. Lot #: Subdivision Name or CSM #:

Phone Number: 695-3635 Lot #: Block #:

II. TYPE OF BUILDING: (Check One)

State Owned
 Public (Explain the use/purpose:)
 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) 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: 200 gallons or cubic yards) 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)
			# of Tanks	Total Gallons			
Septic Tank or Holding Tank	1			200			
Lift Pump Tank / Siphon Chamber							

VI. TANK INFORMATION:

Capacity In Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Fiber-glass	Plastic	Exper. App.
1							

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) Peter S. Berge Plumber's Signature: (No Stamps) [Signature] MP/MPRSW No:

Plumber's Address: (Street, City State, Zip Code) Home Phone: Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

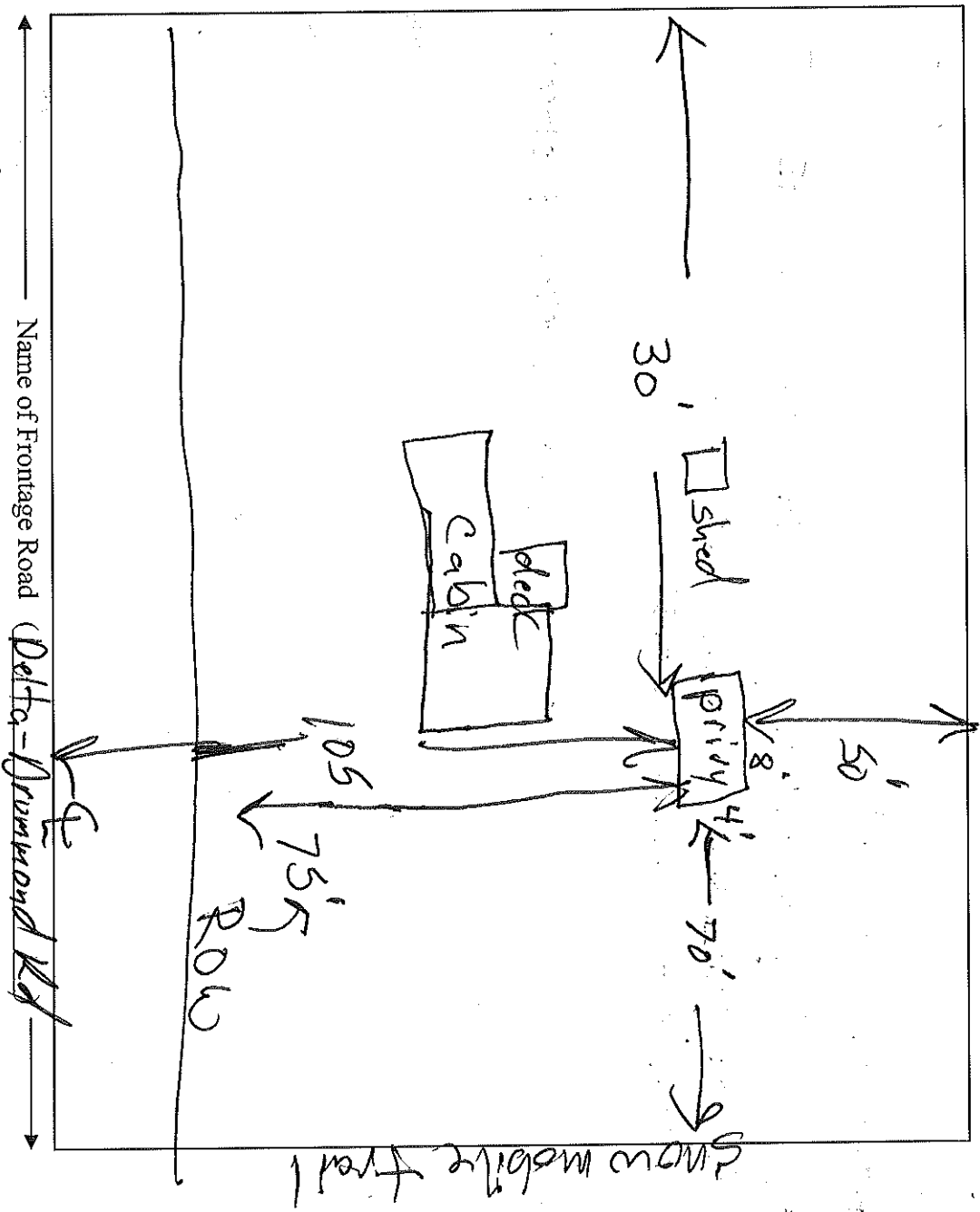
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>1118107</u>	Date Issued: <u>11/20/09</u>	Issuing Agent's Signature / Date: <u>AM. Furbach 11-16-09</u>
	<input type="checkbox"/> Owner Given Initial Adverse Determination	<u>150.00</u>		

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

No water under pressure in structure.

Rec'd for Issuance
NOV 19, 2009
Secretarial Staff

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:
 - 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
 - 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