

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information) DEC 6 2009

Soil Test No: _____ County Permit No: 09-0567

Property Owner's Name: MILDRED E. AUGUSTINE County: **Bayfield**

Address of Property: 25850 CO. HWY. G. ASHLAND WI. Property Location: SE 1/4 SE 1/4 S 6 T 747 N, R 5 E (or) W

Property Owner's Mailing Address: 23885 CO. HWY. G. ASHLAND WI. Township: EILEEN Gov. Lot #: _____

City, State: ASHLAND WI. Zip Code: 54806 Phone Number: (715) 746-2547 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: 3

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

A) New Replacement County Private Interceptor

B) Reconnection Repair Revision Transfer of Owner (List Previous Owner below)

C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)

Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

A Sanitary Permit was previously issued. *Previous Permit Number:* _____ Date Issued: _____

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		# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks								
Septic Tank or Holding Tank				<u>EXCEL</u>						
Lift Pump Tank / Siphon Chamber				<u>SUN-MAR</u>						

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) MILDRED E. AUGUSTINE Plumber's / Owner's Signature: (No Stamps) Mildred E. Augustine MP/MPSRW No: _____

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

VIII. COUNTY / DEPARTMENT USE ONLY

Sanitary Permit/Transfer Fee: 150.00 Date Issued: 12/3/09 Issuing Agent's Signature / Date: Twiz Tehmupky 12-03-09

Approved Disapproved
 Owner Given Initial Adverse Determination

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

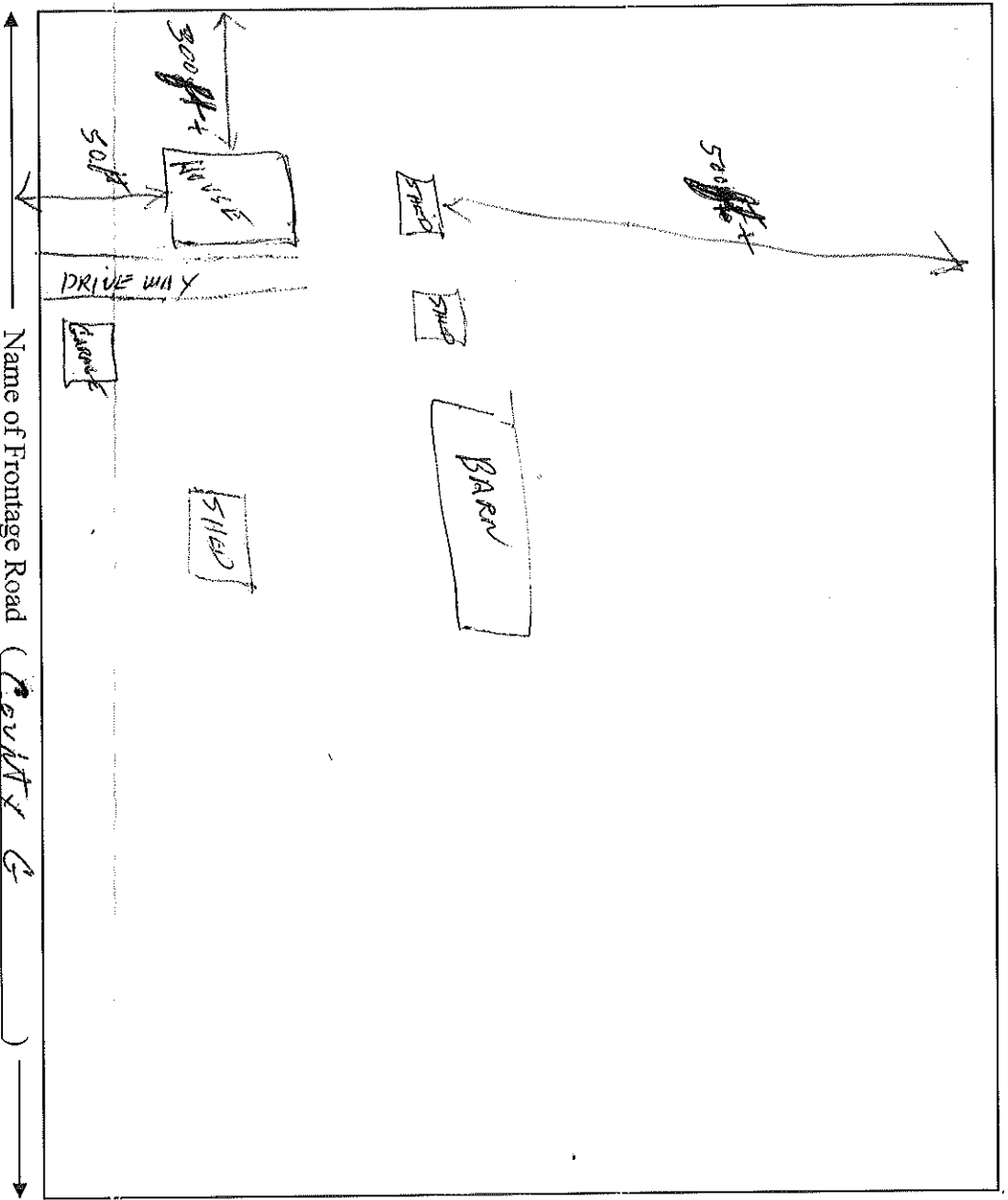
- Per Privy Agreement

Rec'd for Issuance

NOV 3, 2009

Secretariat Staff

Plot Plan on reverse side



**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