

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)

Property Owner's Name: **SCOTT S MCMURRAY**

Address of Property: **4535 U.S. HIGHWAY 2, HUGHES**

Property Owner's Mailing Address: **11511 STILLWATER BLD. N. LAKE ELMO, MN.**

City, State: **LAKE ELMO, MN.** Zip Code: **55042** Phone Number: **651-303-5907**

Soil Test No.: **135-10** County Permit No.: **10-0416**

County: **Wfz Wfz Wfz** **Bayfield**

Property Location: **NW 1/4 SE 1/4 S 10 T 47 N, R 09 E (or W)**

Township: **Neughes** Gov. Lot #: _____

Lot #: _____ Block #: _____ Subdivision Name or CSM #: _____

Parcel ID: _____ Tax Number(s): **04-022-2-47-09-10-4 02-000-4000**

Tax Number(s): **07-022-018293**

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

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 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:

Septic Tank or Holding Tank	Capacity In Gallons		# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks								
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) **SCOTT S MCMURRAY** Plumber's / Owner's Signature: (No Stamps) *Scott S Murray* MP/MPSRW No: _____

Plumber's Address: (Street, City State, Zip Code) **55042** Home Phone: _____ Business Phone: **651-303-5907**

VIII. COUNTY / DEPARTMENT USE ONLY

Sanitary Permit/Transfer Fee: **\$150** Date Issued: **10/15/10** Issuing Agent's Signature / Date: *[Signature]* **10.5.10**

Approved Disapproved

Owner Given Initial Adverse Determination

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Rec'd for issuance

OCT 13 2010

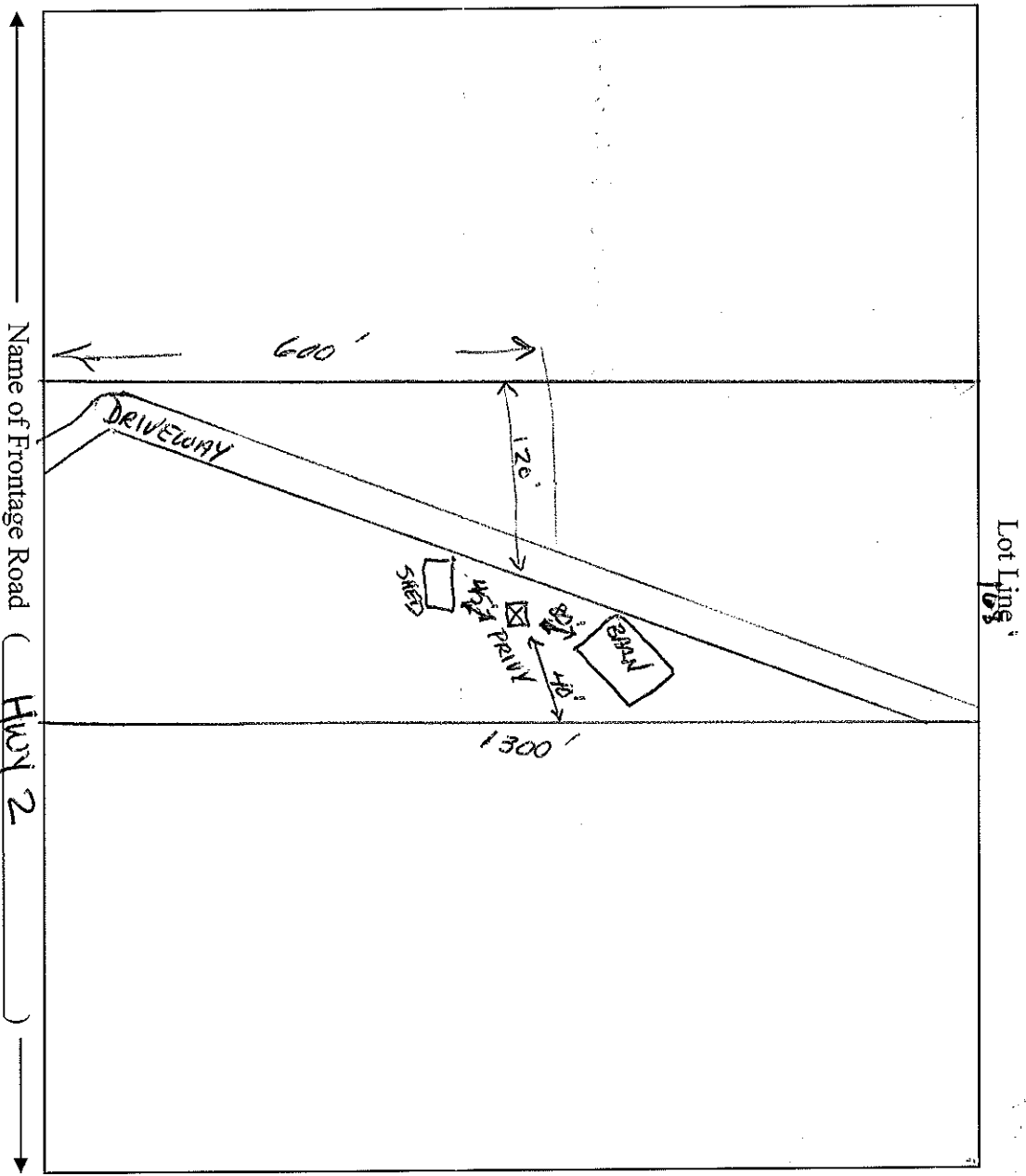
Secretarial Staff

BY: _____

RECEIVED

SEP 30 2010

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

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891
 (715) 373-6138

v/forms/sanitaryapplication1
 June 2006