

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information)

Property Owner's Name: Scott and Mary Mohr Date: MAY 18 2011 County: Bayfield Date Issued: 6-9-11

Address of Property: 5315 LAKE AHMEIK RD. Bayfield Co. Zoning Dept. 1/4 S 26 T 47 N, R 09 E (or) W

Property Owner's Mailing Address: 2011 E 7TH ST. Township: HOOCHES Gov. Lot #: PART OF 4

City, State: SUPERIOR WI. Zip Code: 54880 Phone Number: (715) 348-3705 Lot #: --- Block #: --- Subdivision Name or CSM #: ---

II. TYPE OF BUILDING: (Check One)
 State Owned Parcel ID: 04-022-2-47-09-26-27
 Public (Explain the use/purpose _____) Tax Number(s): 05-004-06000
 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 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. Incl)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:

Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
					<u>605 MKV</u>						

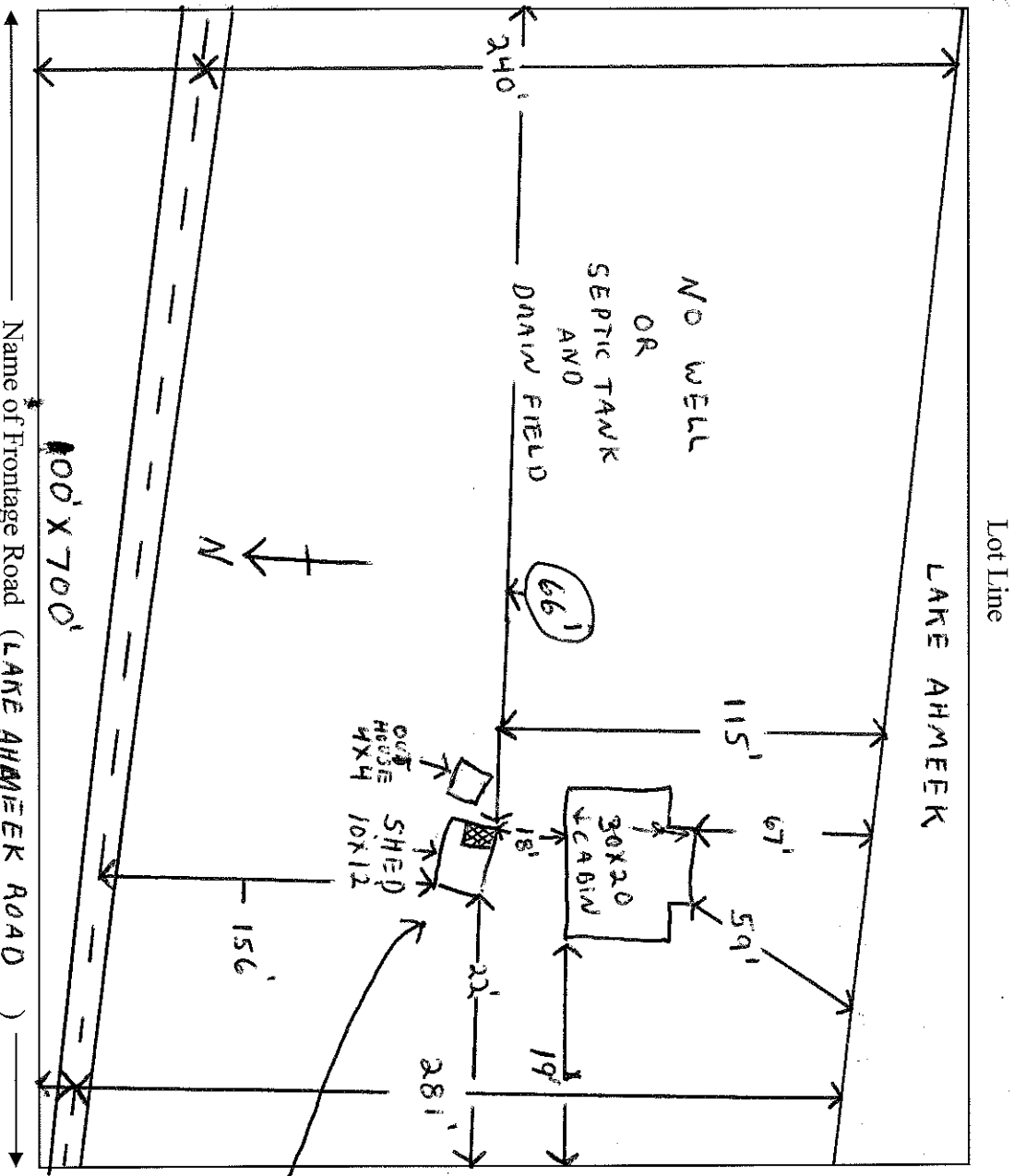
VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's (Owner's) Name: (Print) Scott D. Mohr Plumber's (Owner's) Signature: (No Stamps) [Signature] MP/MPPRSW No.: _____
 Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved Sanitary Permit/Transfer Fee: \$150.00 Date Issued: 6-9-11
 Owner Given Initial Adverse Determination RD5 5/20/11 Issuing Agent's Signature / Date: [Signature] 6-1-11

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Plot Plan on reverse side



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. COMPOSTING TOILET
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

