

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

RECEIVED

I. APPLICATION INFORMATION
 (Please Print/All Information) Soil Test Permit No: 10-0391
 SEP 14 2010

Property Owner's Name: DENNIS NECHKASHT County: **Bayfield**
 Address of Property: 73185 ONDOSSAGON RD. Property Location:
SE 1/4 SE 1/4 S 15 T 48 N, R 05 E (or) W
 Property Owner's Mailing Address: 2005 15th St. N.W. Township: BARNSDALE Gov. Lot #:
 City, State: FARGO, MN. Zip Code: 55021 Phone Number: 507-332-2468 Lot #:
 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 _____
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: _____
 Parcel ID: 002-1019-00990 Tax Number(s): _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
 Pit Privy Vault Privy (Vault size: 200 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)
	Capacity In Gallons New Tanks	<u>200</u>	<u>200</u>			
VI. TANK INFORMATION:		Total Gallons		Manufacturer's Name	Site Constructed	Fiber-glass
Septic Tank or Holding Tank		Existing Tanks		Prefab. Concrete	Steel	Plastic
Lift Pump Tank / Siphon Chamber		<u>200</u>				<u>X</u>
		<u>1</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) DENNIS NECHKASHT Plumber's / Owner'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	Sanitary Permit/Transfer Fee: <u>\$150 mg</u>	Date Issued: <u>9/27/10</u>	Issuing Agent's Signature / Date: <u>[Signature]</u> <u>9-23-10</u>
	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Owner Given Initial Adverse Determination	

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

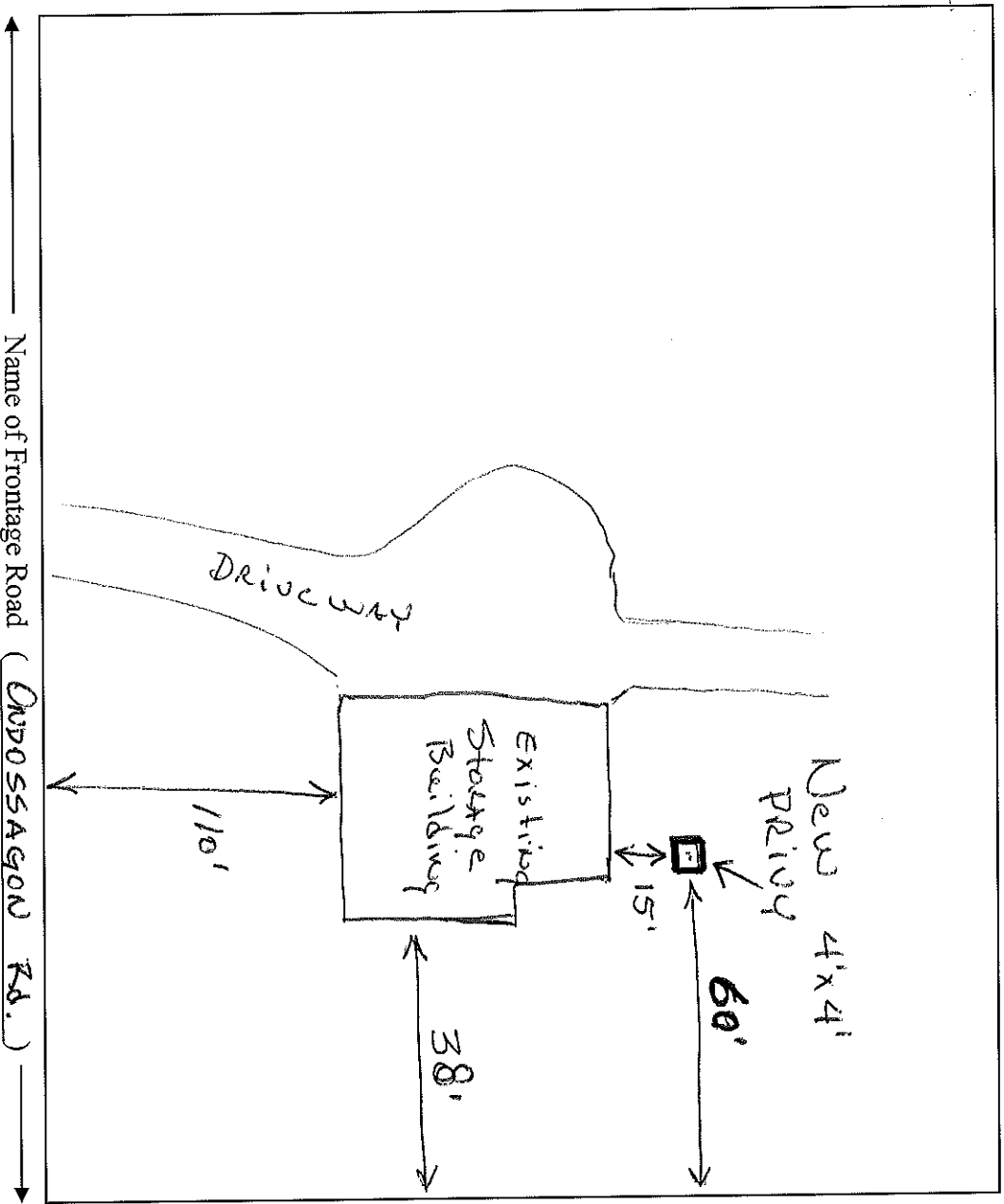
Rec'd for Issuance

SEP 23 2010

Secretarial Staff

Plot Plan on reverse side

Lot Line



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

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY**