

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION
(Please Print All Information)

Soil Test Permit No: 09-0474

ENTERED

Property Owner's Name
Scott Mandt

Address of Property 1/2 of W 1/2 NE 1/4 of NW 1/4
Lot 16 25-46N-5W, owned by Kelly Bayfield Co. Inc

Property Owner's Mailing Address
608 S. Palmette Ave.

City, State
Marsfield WI

Zip Code
54449

Phone Number
715-355-5751

County: **Bayfield**

Property Location:
NE 1/4 NW 1/4 S 25 T 46 N, R 5 E (or W)

Township
Kelly

Gov. Lot #: _____

Lot # _____ Block #: _____

Subdivision Name or CSM #: _____

Parcel ID
Part of 04-0266-46-05-25-2

Tax Number(s): 01-000-20000

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 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)

VI. TANK INFORMATION:

Septic Tank or Holding Tank	Capacity In Gallons		Total 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			<u>200+</u>	<u>1</u>	<u>PVC Culvert</u>					<u>X</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 Mandt Plumber's / Owner's Signature: (No Stamps) Scott Mandt MP/MPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: 715-305-5751 Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>10/8/09</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination		<u>mg</u>	<u>10-7-2009</u>
		Issuing Agent's Signature / Date: <u>Tami Taborsky 10-7-2009</u>	

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

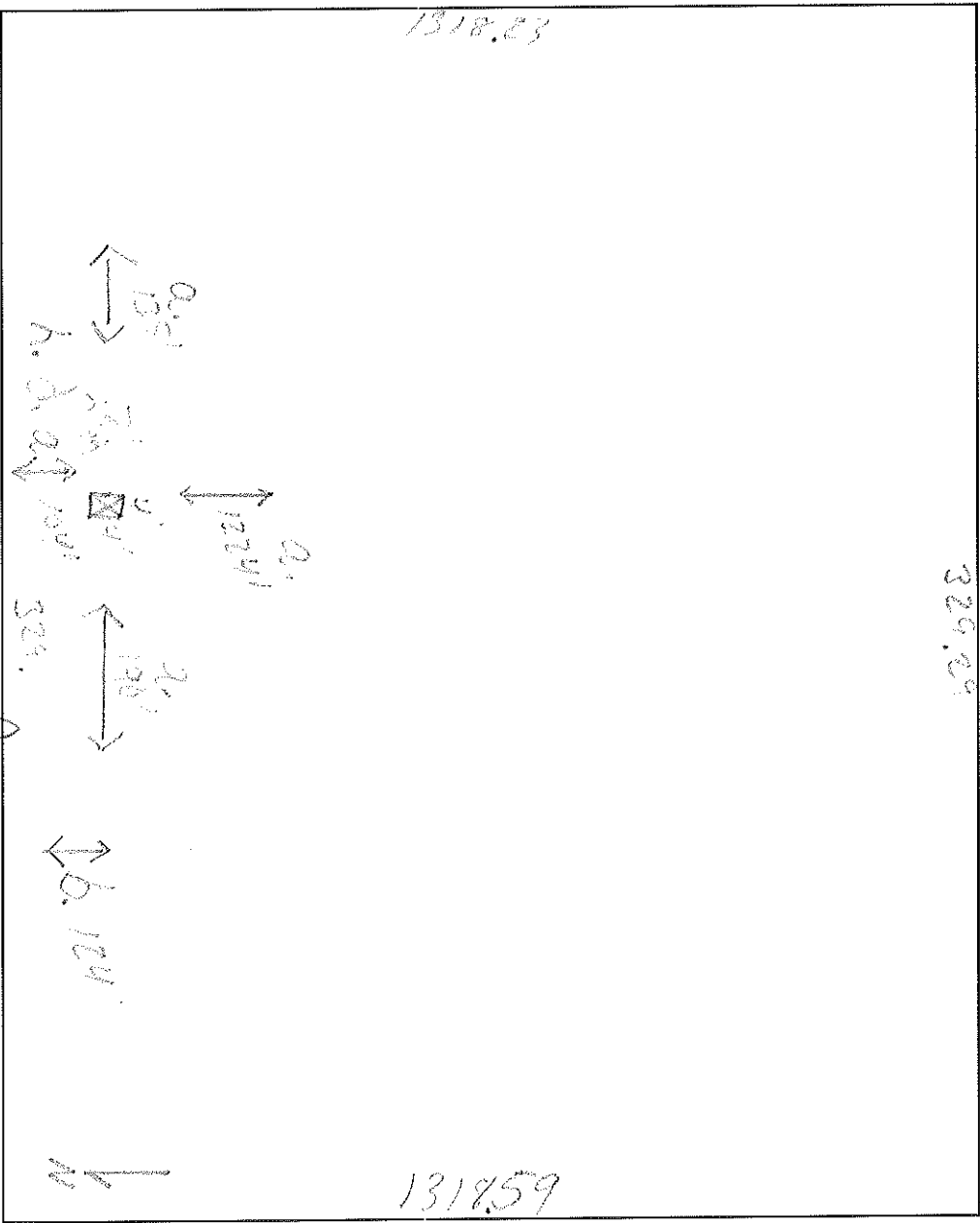
Rec'd for Issuance

OCT 7 2009

Plot Plan on reverse side
Secretarial Staff

Lot Line

329.29



← Name of Frontage Road (Petra) →

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

Value: \$400
 Size: 48'4" x 714.4'

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 tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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