

ATF

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District: AZ-1
Lakes Class: CLASS 3

I. APPLICATION INFORMATION

(Please Print All Information)

Soil Test No. _____ County Permit No. 13-0300

Property Owner's Name: Brady Theis

County: Bay Field Bayfield

Address of Property: 62210 Highway 63

Property Location: N 25 1/4 S 7 T 46 N R 5 E (or) W

Property Owner's Mailing Address: same

Township: Kelly Gov. Lot #:

City/State: Wauson WI Zip Code: 54856 Phone Number: 715-532-8209

Lot # 1 Block #: _____ Subdivision Name or CSM #: 1835

II. TYPE OF BUILDING (Check One)

- State Owned
- Public (Explain the use/purpose _____)
- 1 or 2 Family Dwelling - No. of Bedrooms _____

Parcel ID Tax Number(s): 04 026-2-46-05-07-3-03-000 13000

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

- A) New Replacement County Private Interceptor
- Reconnection Repair 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 Camping Transfer Unit Container 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:	Capacity In Gallons		Total 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>50</u>	<u>1</u>	<u>Imperial</u>						<u>X</u>
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) Brady Theis ^{Contractor of} Plumber's / Owner's Signature: (No Stamps) MP/MPRSW No:

Plumber's Address: (Street, City State, Zip Code) Home Phone: 715-765-0566 Business Phone: cell 715-532-8209

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$100</u>	Date Issued: <u>9-11-13</u>	Issuing Agent's Signature / Date: <u>1043128</u>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

NO STRUCTURE ON THE PROPERTY SHALL BE SERVED WITH WATER OR PRESSURE OR INTERNAL PLUMBING UNLESS A COMPLIANT POWERS IS APPROVED + INSTALLED.

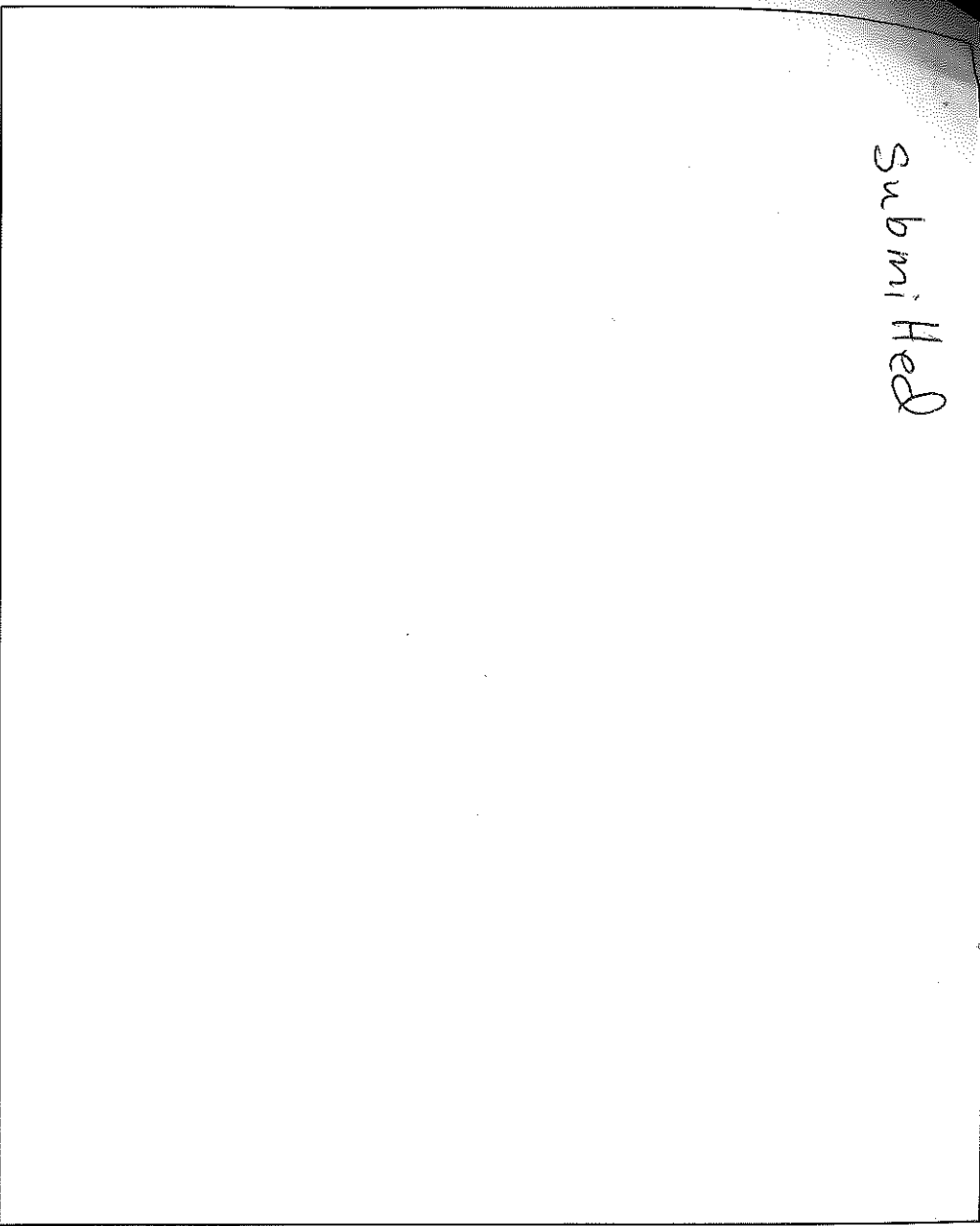
SEP 11 2013
Secretarial Staff

Plot Plan on reverse side

ENTERED

7118

Submit Here



← Name of Frontage Road () →

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.

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**
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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

Quick Zoom Mason

Bayfield County Zoning

X: 776487.02, Y: 417293.68

Current Action: Re-center Map

Parcel Search

Search Layer: **By Last Name**

Search by Owner Name [Ex: KASSNER]:

theis

Search

Clear

04-032-2-46-00-12-4-01-000-10000

US HWY 63

04-026-2-46-05-07-3 02-000-20000

04-026-2-46-05-07-3 02-000-12000

04-026-2-46-05-07-3 02-000-40000

04-026-2-46-05-07-3 02-000-40000

100m

300ft

Current theme:

Zoning / 3 03-000-0000