

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information)
 Permit No: 18-0418 County: Bayfield

Property Owner's Name: Ross A. + Rita Lunder Soil No: 241-02

Address of Property: 52225 Delta Drummend Bayfield Co. Zoning: SE 1/4 SE 1/4 S 32 T 45 N, R 7 Property Location: Bayfield

Property Owner's Mailing Address: 6228 River Heights rd. Township: Drummend Gov. Lot #: 1

City, State: Medanawanie WI Zip Code: 54751 Phone Number: _____ Lot #: _____ Block #: _____ 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: 2 Parcel ID: 04-018-2-45-07-32-4
 Tax Number(s): 04-000-04600

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: 404179 Date Issued: 2002

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. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)			
							Capacity In Gallons	Total Gallons	# of Tanks
<u>300</u>	<u>429</u>	<u>4354</u>	<u>7</u>	<u>—</u>	<u>82'</u>	<u>90'</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) Andy Rasmussen + Sons Plumber's / Owner's Signature: (No Stamps) Dana Rasmussen MP/PRSW No: 221516

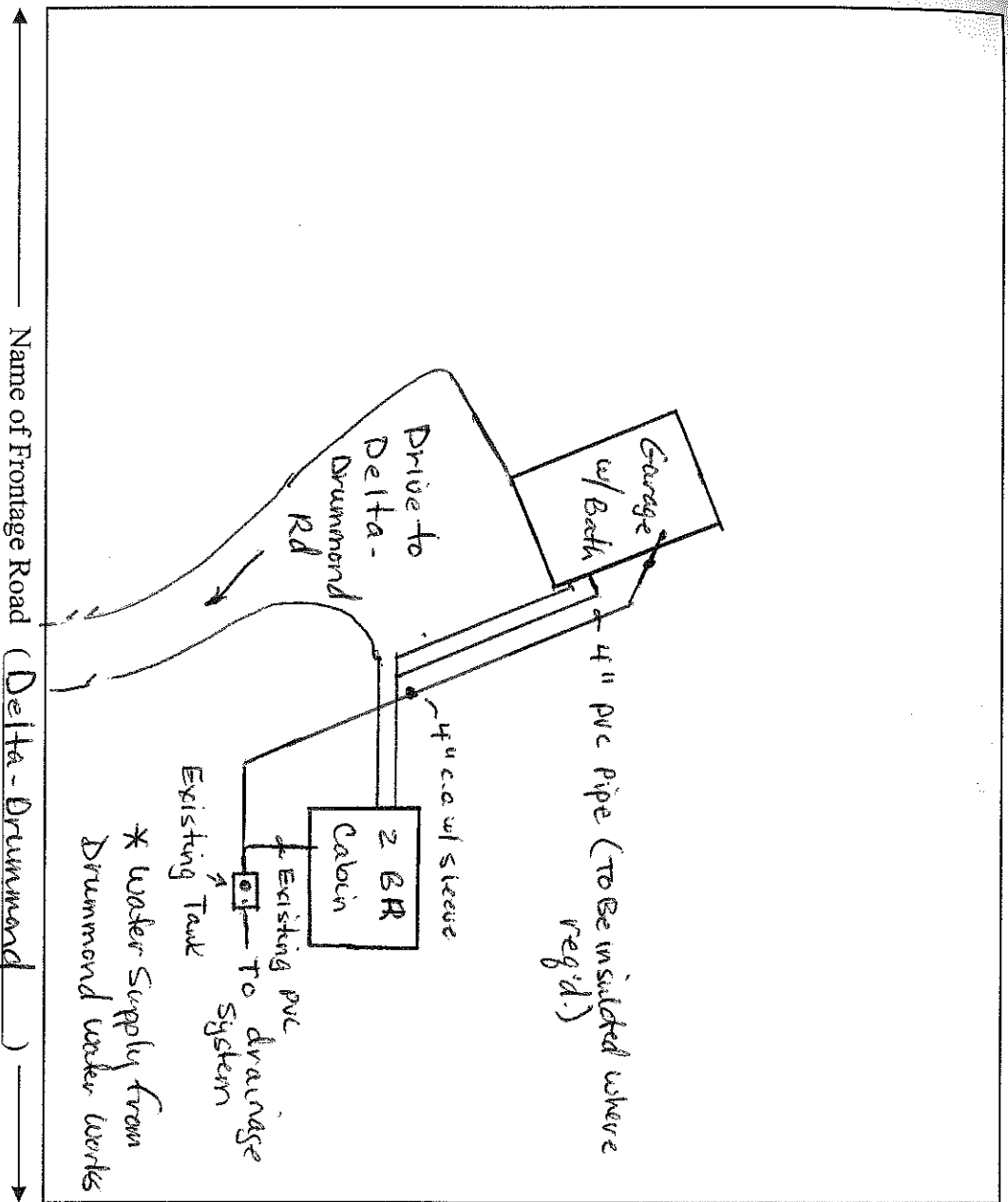
Plumber's Address: (Street, City State, Zip Code) PO Box 66 Cable WI 54821 Home Phone: _____ Business Phone: 715-798-3355

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$50</u>	Date Issued: <u>10-19-12</u>	Issuing Agent's Signature / Date: <u>M. Fuchs 10-18-12</u>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

IX. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:
 Rec'd for Issuance

OCT 19 2012
 Secretarial Staff



**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 → 30'
 - b. Building to centerline of road → 200'
 - c. Building to lake, river, stream or pond → 600'
 - d. Septic / holding tank to closest lot line → 5'
 - e. Septic/holding tank to building → 5'
 - f. Septic / holding tank to well N / #
 - g. Septic / holding tank to lake, river, stream or pond → 60'
 - h. Privy to closest lot line N / #
 - i. Privy to building N / #
 - j. Privy to lake, river, stream or pond N / #
 - k. Drain field to closest lot line → 5'
 - l. Drain field to building → 10'
 - m. Drain field to well N / #
 - n. Drain field to lake, river, stream or pond → 600'
 - o. Well to building N / #