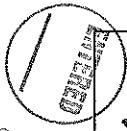


BAYFIELD COUNTY SANITARY PERMIT APPLICATION

18



RECEIVED

AUG 10 2010

County Permit No: 10-0292

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name: Marty Paulsen / Karen Hart

Address of Property: 42840 Birch Bend Rd

Property Owner's Mailing Address: W5129 Kennedy Drive

City, State, Zip Code: ton Dr Lac, WI 54935 Phone Number: 720-922-8406

Bayfield

Property Location: $\frac{1}{4}$ $\frac{1}{4}$, S 13 T 43 N, R 4 E (or) W

Township: Nauvokagon Gov. Lot #: 3

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: 3

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

A) New Replacement County Private Interceptor

B) Reconnection Repair Revision Transfer of Owner (List Previous Owner below)

Parcel ID: 04-03-42-43-06-133-05

Tax Number(s): 00-3-10000

C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)

Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

A Sanitary Permit was previously issued. Previous Permit Number: 07-05 Date Issued: 2007

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (Sq.Ft.) <u>900</u>	3. Absorp. Area Proposed (Sq. Ft.) <u>917.4</u>	4. Loading Rate (Gals. / Day / Sq.Ft.) <u>.5</u>	5. Perc. Rate (Min. Inch) <u>—</u>	6. System Elev.(Feet) <u>95.85'</u>	7. Final Grade Elev. (Feet) <u>98.2' - 100.8'</u>
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VI. TANK INFORMATION:

Septic Tank or Holding Tank	Capacity In 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>1200</u>	<u>1</u>	<u>Rasmussen</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) A. Rasmussen + Sons Plumber's / ~~Owner's~~ Signature: (No Stamps) [Signature] MP/MFR/SW No: 221516

Plumber's Address: (Street, City State, Zip Code) P O Box 66 Cable WI 54821 Home Phone: _____ Business Phone: 715-748-3355

VIII. COUNTY / DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	Sanitary Permit/Transfer Fee: <u>\$50</u>	Date Issued: <u>8/12/10</u>	Issuing Agent's Signature / Date: <u>M. Furtak 8-11-10</u>
<input type="checkbox"/> Disapproved	Owner Given Initial Adverse Determination		

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Bldg. sewer must be insulated per Comm 82.30(1)(c) b.

Rec'd for Issuance

AUG 11 2010

Thomas Faulsen # 54455
 42840 Birch Bend Rd.
 Cable, WI 54821
 715-798-2174

G.L.S. S13, T43N, R6W
 Town of Namakagon
 Bayfield Co., WI
 Parcel # 04034243061330500310000



Scale: 1" = 40'

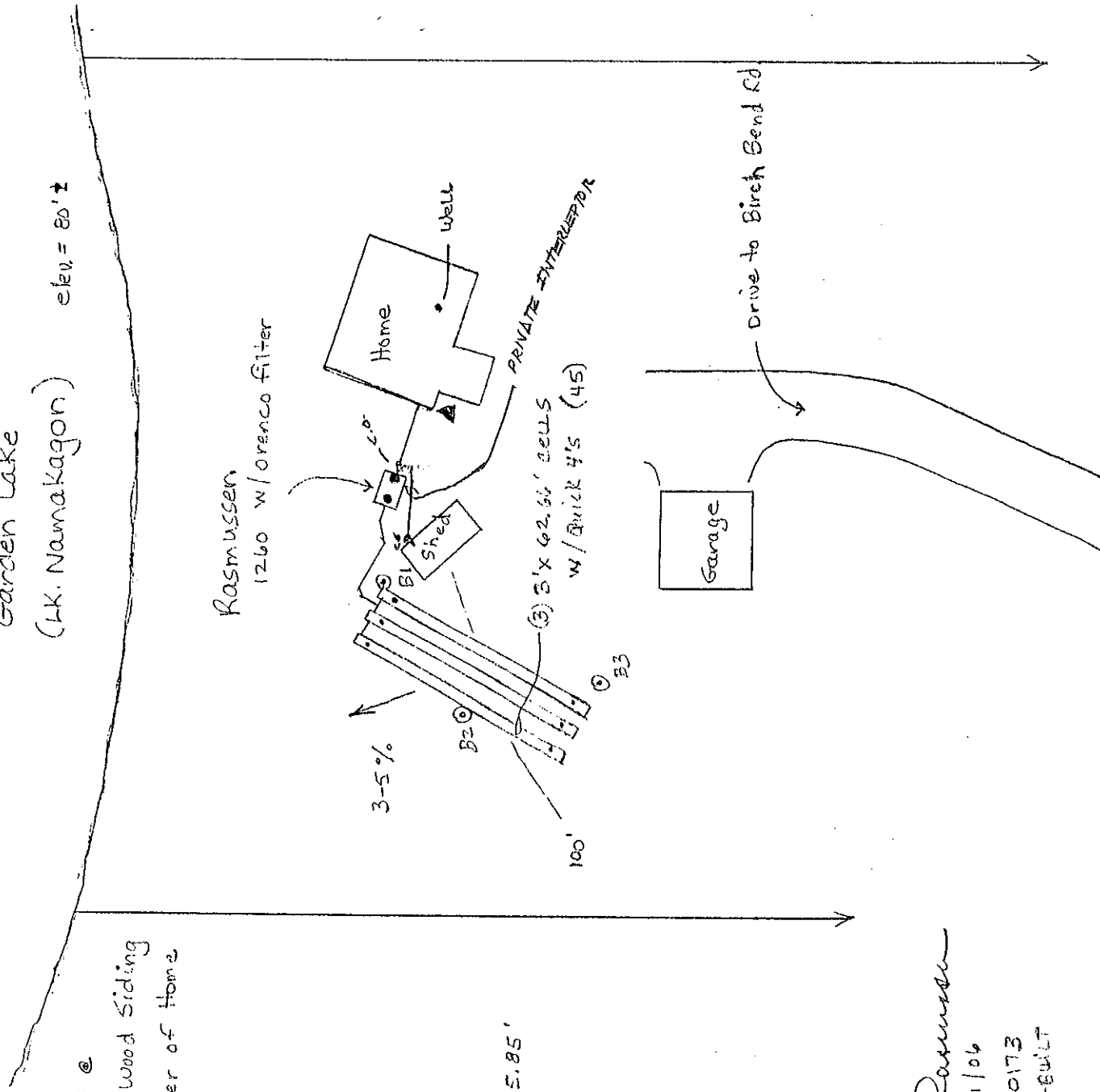
Garden Lake
 (Lk. Namakagon) elev. = 80' ±

▲ BM = 100' @
 Bottom of Wood Siding
 @ S.W. Corner of Home

Elevations:

B1 = 98.2'
 B2 = 99.43'
 B3 = 100.95'

System = 95.85'



Andy J. Rasmusen
 12/21/06
 MAP# 220173
 AS-BUILT