

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

**I. APPLICATION INFORMATION**  
(Please Print All Information) **RECEIVED**

Soil Test No: \_\_\_\_\_ County Permit No: 10-0242

Property Owner's Name: Dwight Bacon County: **Bayfield**

Property Location: N 1/2 Township: Port Wing Gov. Lot #: \_\_\_\_\_

Address of Property: Route 60, Port Wing WI 54855

Property Location: N 1/4 NW 1/4 S 27 T 50 N, R 08 E (or W)

Property Owner's Mailing Address: 7501 CSAH ZI

Block #: N/A Subdivision Name or CSM #: N/A

City/State: DASEL MN Zip Code: 55325 Phone Number: 612-262-1518

**II. TYPE OF BUILDING:** (Check One)

Parcel ID: \_\_\_\_\_ Tax Number(s): 04-642-2-50-08-27-2 01-600-20000

State Owned

County Private Interceptor:

1 or 2 Family Dwelling - No. of Bedrooms: 2

1.  Reconnection 2.  Repair 3.  Revision \*\*  Transfer of Owner (List Previous Owner below)

Public (Explain the use/purpose: \_\_\_\_\_)

B)  A Sanitary Permit was previously issued. **Previous Permit Number:** \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

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

A)  New  Replacement  Vault Privy (Vault size: 200 gallons or \_\_\_\_\_ cubic yards)

C)  Pit Privy  Portable Privy (Temporary Use Only)  Composting Toilets  Incinerating Toilet

**V. ABSORPTION SYSTEM INFORMATION:**

4. Loading Rate (Gals. / Day / Sq.Ft.): \_\_\_\_\_ 5. Perc. Rate (Min. Inch): \_\_\_\_\_ 6. System Elev.(Feet): \_\_\_\_\_ 7. Final Grade Elev. (Feet): \_\_\_\_\_

1. Gallons Per Day: \_\_\_\_\_ 2. Absorp. Area Required (Sq.Ft.): \_\_\_\_\_ 3. Absorp. Area Proposed (Sq. Ft.): \_\_\_\_\_

**VI. TANK INFORMATION:**

Septic Tank or Holding Tank: \_\_\_\_\_ Lift Pump Tank / Siphon Chamber: \_\_\_\_\_

Capacity In Gallons: New Tanks: 250 Existing Tanks: \_\_\_\_\_ Total Gallons: 250

Manufacturer's Name: Poly John IND. Prefab. Concrete: \_\_\_\_\_ Site Constructed: \_\_\_\_\_ Fiber-glass: \_\_\_\_\_ Steel: \_\_\_\_\_ Plastic: \_\_\_\_\_ Exper. App.: \_\_\_\_\_

Septic Tank or Holding Tank: 250

Business Phone: \_\_\_\_\_

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) DWIGHT H. BACON Plumber's / Owner's Signature: (No Stamps) \_\_\_\_\_ MP/MPRSW No: \_\_\_\_\_

Plumber's Address: (Street, City State, Zip Code) 7501 CSAH ZI DASEL MN 55325

Date Issued: 7-19-10 Issuing Agent's Signature / Date: [Signature] 6-2-10

Sanitary Permit/Transfer Fee: \$150

**VIII. COUNTY / DEPARTMENT USE ONLY**

Approved  Disapproved

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

Owner Given Initial Adverse Determination: \_\_\_\_\_

Sanitary Permit/Transfer Fee: \$150 Date Issued: 7-19-10 Issuing Agent's Signature / Date: [Signature] 6-2-10

Sanitary Permit/Transfer Fee: \$150

**RECD FOR ISSUANCE**

Sanitary Permit/Transfer Fee: \$150

**JUL 19, 2010**

Sanitary Permit/Transfer Fee: \$150

**Secretarial Staff**

Sanitary Permit/Transfer Fee: \$150

**Not for use on reverse side**

**PRIVY AGREEMENT**  
(ATTACHED TO THE SANITARY PERMIT APPLICATION)

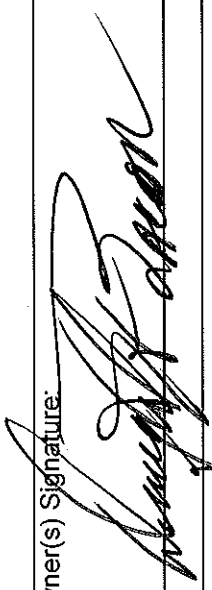

Property Owner(s): <u>Dwight Bacon</u>	
Mailing Address:	Property Address
<u>7501 Oak St NE, Wash 55325</u>	<u>Route 40, Port Wagon, WI 54965</u>
Legal Description: <u>W 1/2 NE 1/4, NW 1/4, S 27, T 50 N, R 8</u>	
City, Village, or Township Of: <u>Port Wagon</u>	
Parcel ID Tax Number: <u>04-042-2-50-08-21-2 01-000-2000</u>	
Add'l Legal Description:	Date: <u>5/4/10</u>
	Return To: <b>ZONING</b>

1. **NO PLUMBING** will be installed in the habitable building.
2. **NO PLUMBING** includes: water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
OPEN PIT	50 Ft.	15 Ft.	Min. 75 Ft.	
SEALED VAULT	25 Ft.	15 Ft.	Min. 75 Ft.	

4. Privies for public buildings shall comply with Comm. 52.63.
5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
6. Privies as per Comm. 91.12 (1) states as follows:
  - (a.) The storage chamber of a vault privy shall conform with the requirements of s. Comm. 84.25 relating to holding tanks, and shall have a minimum storage capacity of 200 gallons or one cubic yard.
  - (b.) The storage chamber of a pit privy shall be sited and located in soil recognized to provide treatment and dispersal in accordance with s. Comm. 83.44 (4)(b).
7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.

8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner, which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s): <u>Dwight H. Bacon</u>	Subscribed and sworn to before me on this date: <u>May 4, 2010</u>
Owner(s) Signature: 	 Notary Public
	My commission expires on: <u>Jan. 31, 2015</u>



Drafted By: DL  
(must be filled out by person submitting form)

u/forms/privyform  
CMR/bib/dak

June 2003((Revised) Feb 2008

V1040 P372