

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION
 (Please Print All Information)

Property Owner's Name: WILDERNESS Ingulley Soil Test No: WJE County Permit No: 09-0191 (09-0191) **CELENE**

Address of Property: 33090 Little Sand Bay Rd Property Location: W 1/4 S 33 T 52 N R 4 E (or W)

Property Owner's Mailing Address: 808 14 Ave SE Township: Russell Gov. Lot #:

City, State: Minneapolis MN 55414 612-676-9400 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:
 Parcel ID: 04-046-2-52-04-33-2-03-000-15000
 Tax Number(s):

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: 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:

Capacity In Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.

Septic Tank or Holding Tank: Clivus

Lift Pump Tank / Siphon Chamber: M54W

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) Plumber's / Owner's Signature: (No Stamps) MP/MPPRSW No:
 Plumber's Address: (Street, City State, Zip Code) Home Phone: 7795275 Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150</u> Date Issued: <u>5/28/09 mg</u>	Issuing Agent's Signature / Date: <u> </u> / <u>6/4/09</u>
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IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
Unit must be at least five (5) feet from any property line

Rec'd for Issuance

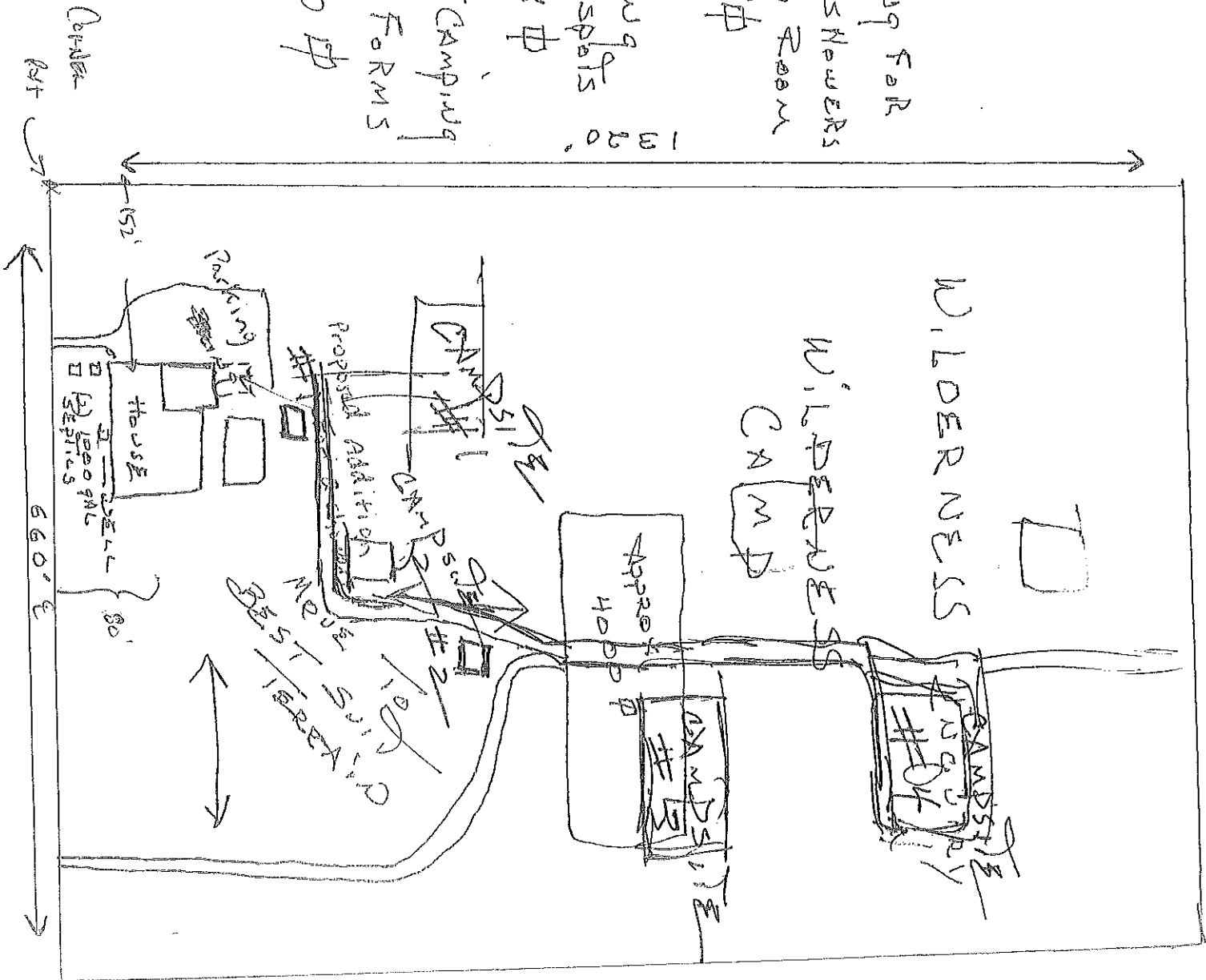
Agent Present

N 95

Building for
TOILETS/SHOWERS
MEETING ROOM
960 sq ft

Parking
for (6) spots
1728 sq ft

TRAIL CAMPING
FLAT FORMS
480 sq ft



WHITE SAND BAY ROAD → TO LAKE

SENT BY ZONING

NPS