

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

APPLICATION INFORMATION

(Please Print All Information)

Soil Test Permit No: 10-0023 County Permit No: 10-0023

Property Owner's Name

County: **Bayfield**

Alfred R. & Maria G. Holzer

Address of Property

90530 Pageant Road 1/4 NW 1/4, S 20 T51 N, R 3 E (or) W*

Property Owner's Mailing Address

Same Russell 3

Bayfield Co. Zoning Dept.

City, State Bayfield, WI. Zip Code 54814 Phone Number 779-3266

II. TYPE OF BUILDING: (Check One)

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

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: 389218** Date Issued: 2001

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

- C) Pit Privy (Vault size: 200 gallons or _____ cubic yards)
 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)
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VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Exper. App.
	New Tanks	Existing Tanks								
Septic Tank or Holding Tank			<u>200+</u>	<u>1</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) ALFRED R. HOLZER Plumber's / Owner's Signature: [Signature] MP/MPSRW No: _____

Home Phone: 779-3266 Business Phone: 4/4

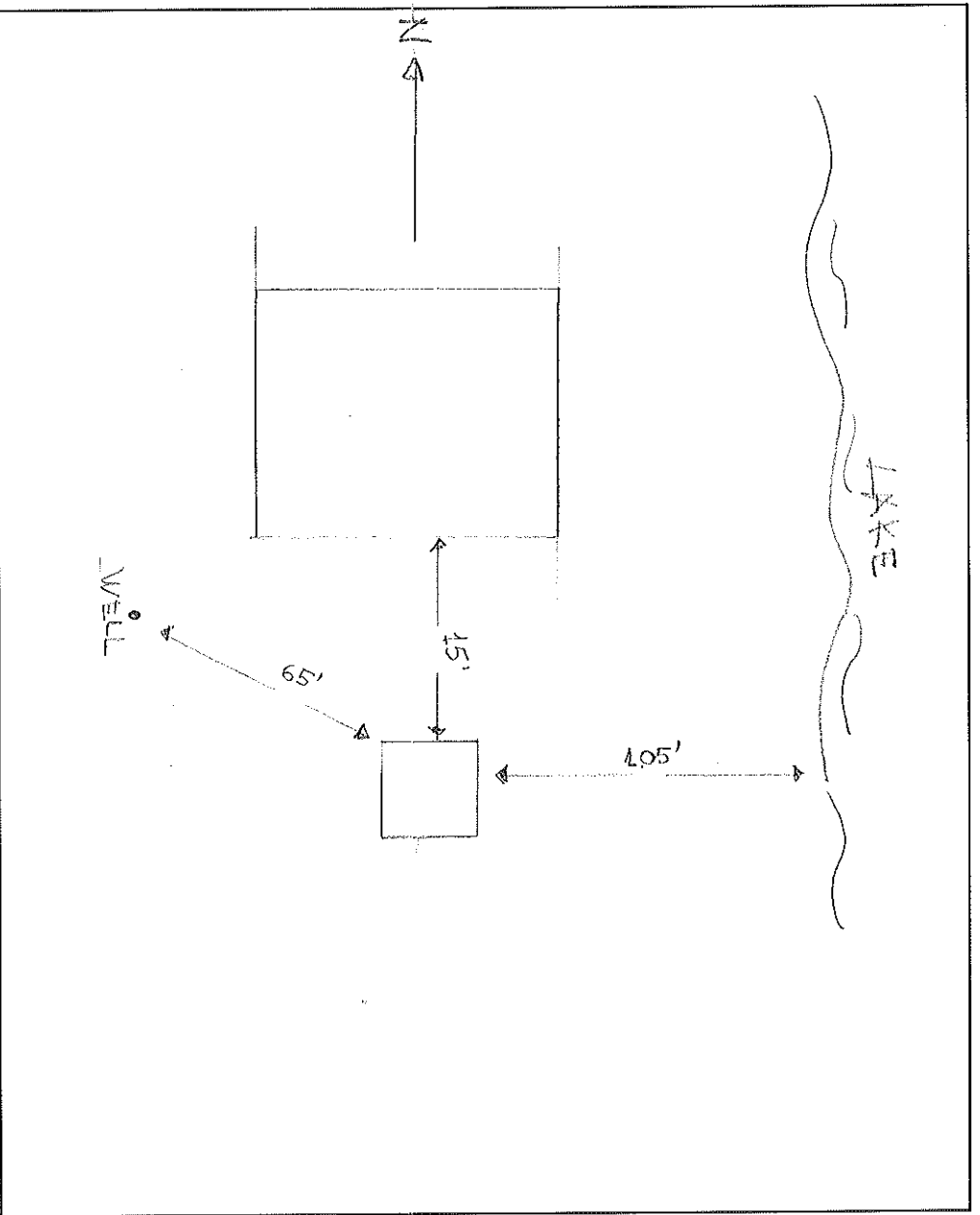
VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>2/15/10</u>	Issuing Agent's Signature / Date: <u>[Signature] / 1-23-09</u>
<input type="checkbox"/> Disapproved			
<input type="checkbox"/> Owner Given Initial Adverse Determination			

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:



Lot Line



**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
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - 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