

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



RECEIVE

I. APPLICATION INFORMATION
 (Please Print All Information)

Property Owner's Name: David M + Andrea E. Hepola
 Address of Property: Roseville Rd
 Property Owner's Mailing Address: 1630 W Arrowhead Rd
 City, State: Deleth MI Zip Code: 55811 Phone Number: 218-724-1785

County: Bayfield Co Parcel ID: 041-048-2-48-08-19-2-03-00-0000
 Property Location: SW 1/4 NW 1/4, S 19 T 48 N R 8 E (or) W
 Township: Tripp Block #: 1 Subdivision Name or CSM #: 1612
 Gov. Lot #: 8

Sanitary Permit No: 12-0176 Date Issued: MAY 25 2012
 County Permit No: 12-0176

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: 4

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: 300 gallons or _____ cubic yards) Composting Toilets Incinerating Toilet Portable Privy (Temporary Use Only)

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) |
|--------------------|------------------------------------|------------------------------------|----------------|---|---------------------------|------------------------|-----------------------------|
| | | New Tanks | Existing Tanks | | | | |
| | | | | | | | |

VI. TANK INFORMATION:

| Septic Tank or Holding Tank | Capacity In Gallons | | Total 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>300</u> | <u>1</u> | <u>—</u> | | | | | | <u>X</u> |

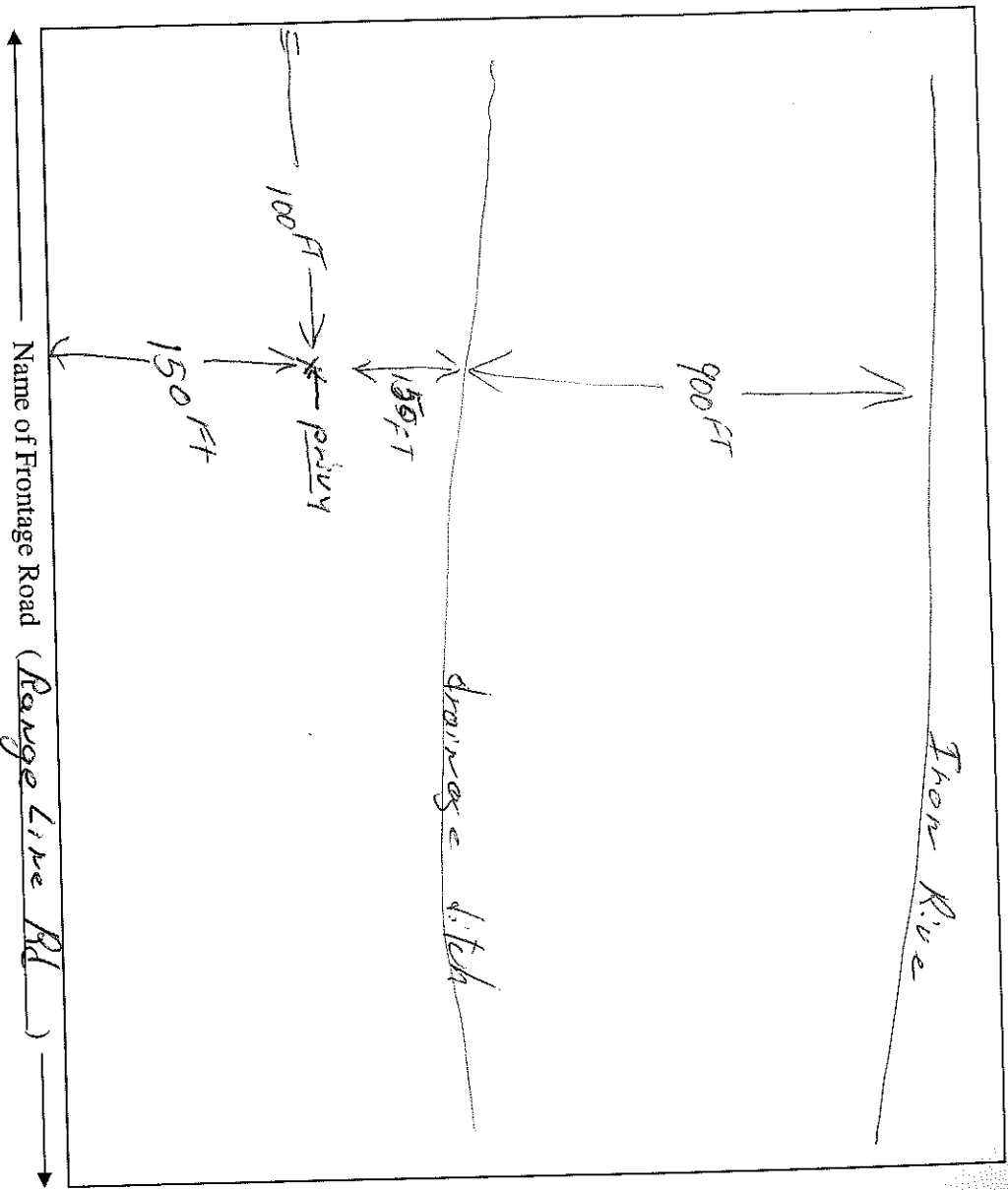
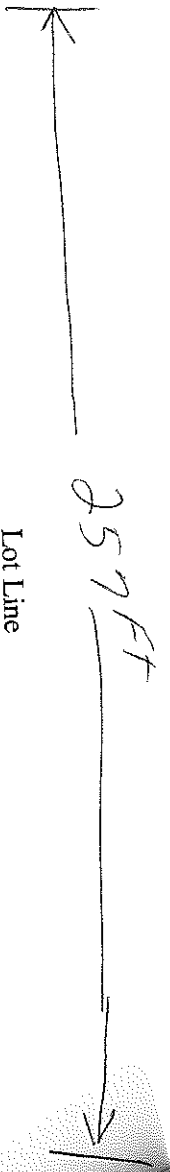
VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's (Owner's) Name: (Print) David M Hepola Plumber's (Owner's) Signature: (No Stamps) David M Hepola MP/MPRS# No: _____

Plumber's Address: (Street, City State, Zip Code) 1630 W Arrowhead Rd, Deleth MI 55811 Home Phone: 218-724-1785 Business Phone: 218-348-3306

VIII. COUNTY / DEPARTMENT USE ONLY

| | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Sanitary Permit/Transfer Fee: <u>\$150.00</u> | Date Issued: <u>6-7-10</u> |
| <input type="checkbox"/> Owner Given Initial | <input type="checkbox"/> Advise Determination | <u>5/29/12</u> | Issuing Agent's Signature / Date: <u>[Signature] 6-4-12</u> |

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
Only have not be inspected & sealed once every three years. Seals may be removed to the county by the garage monitor.
Rec'd for issuance



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 / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding 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

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891
(715) 373-6138

u/forms/sanitaryapplication1
June 2006