

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

125
Bayfield Co Zoning Dept. 1970

Soil Test No: N/A County Permit No: 09-0281

Bayfield

County: **SOCK**

Property Location: **RECEIVED JUN 26 2009**

E (or W)

30520 Gasparini Rd NE 1/4, S 25 T 49 N, R 5

Gov. Lot #:

JUL 14 2009

Property Owner's Mailing Address
478 Charles Lane

Township: **WASHBURN** Block #: Subdivision Name or CSM #:

City, State: **MADISON WI** Zip Code: **53711** Phone Number: **608-233-5598**

II. TYPE OF BUILDING: (Check One)

- State Owned
- Public (Explain the use/purpose: **CAMPER/RV**)
- 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
- 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: _____

Parcel ID Tax Number(s): **050-1040-09**

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

- C) Pit 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:

Septic Tank or Holding Tank	Capacity In Gallons		# of Tanks	Manufacturer's Name	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks							
Lift Pump Tank / Siphon Chamber				* Envirolet MS-10 ; self contained . electric - attached					

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) **Mathias Allen / Mathias Allen** Plumber's / Owner's Signature: (No Stamps) **Mathias Allen** MP/MPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) **478 Charles Lane Madison WI 53711** Home Phone: **608-233-5598** Business Phone: **N/A.**

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: \$1507/14/09 mg	Date Issued: 7-15-09	Issuing Agent's Signature / Date: Tim Tubowdsky 7-14-09
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IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

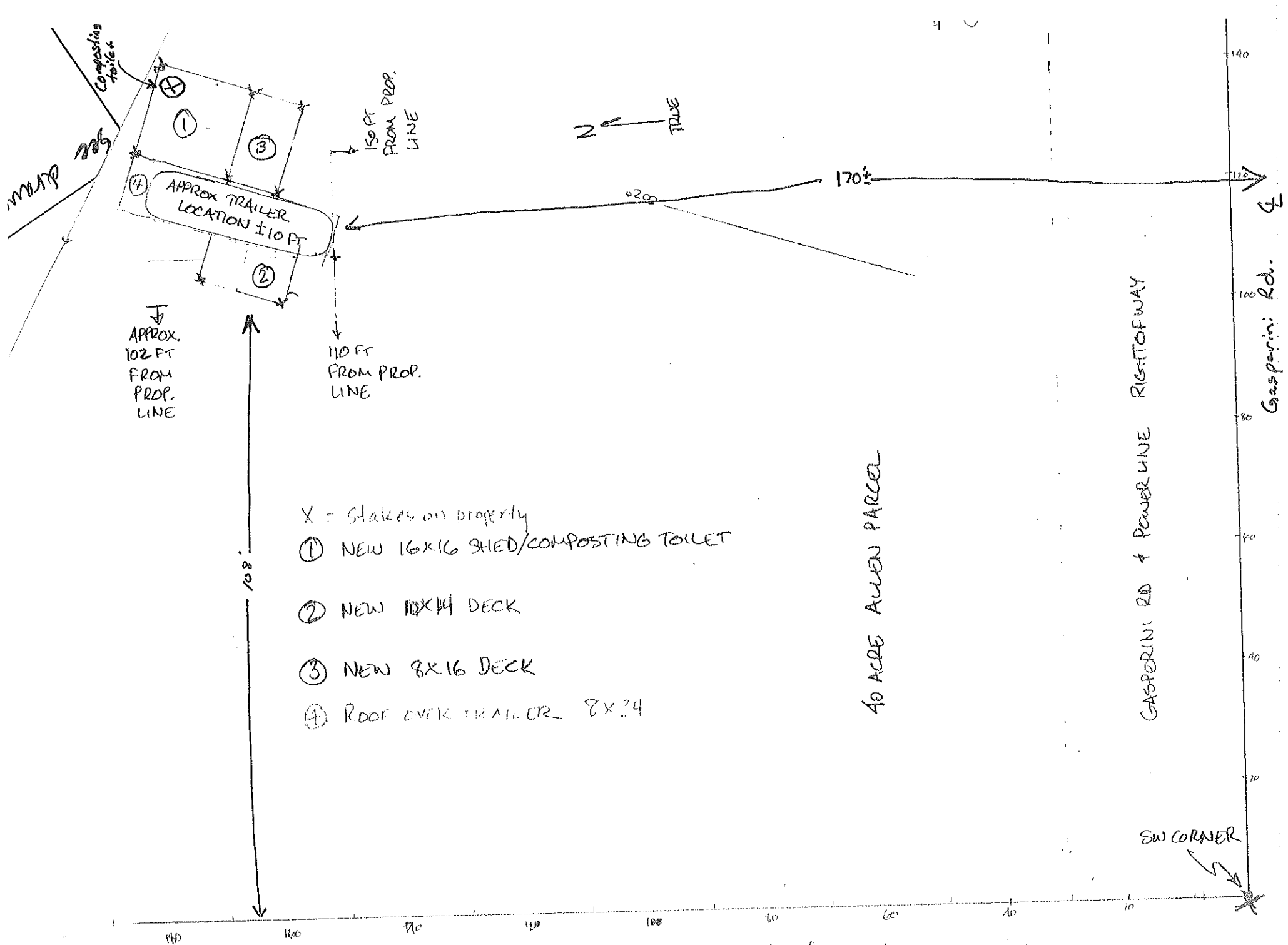
Rec'd for Issuance

JUL 15 2009

Secretarial Staff

Zoning

Plot Plan on reverse side



- X = stakes on property
- ① NEW 16X16 SHED/COMPOSTING TOILET
 - ② NEW 10X14 DECK
 - ③ NEW 8X16 DECK
 - ④ ROOF OVER TRAILER 8X24

Approx 4-5 trees on lot line. tied with fluorescent orange ribbon