

RECEIVED
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BAYFIELD COUNTY
SANITARY PERMIT APPLICATION



Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information)
 Co. Zoning Dept. Soil Test No: _____ County Permit No: **15-0019**

Property Owner's Name: **Michael A Nelson**
 County: **Bayfield**

Address of Property: **29895 20 Hwy C**
 Property Location: $\frac{1}{4}$ $\frac{1}{4}$, S **27** T**49** N, R **5** E (or) W

Property Owner's Mailing Address: _____
 Township: **Washburn** Gov. Lot #: _____

City, State: **Washburn WI** Zip Code: **54891** Phone Number: **715 292 3224**
 Lot #: **1** Block #: _____ Subdivision Name or CSM #: **1345**

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms **2**
 Parcel ID 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
 Reconnection Repair 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: **260** gallons or _____ cubic yards)
 Portable Privy Camping Transfer Unit Container 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	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank										<input checked="" type="checkbox"/>	
Lift Pump Tank / Siphon Chamber											

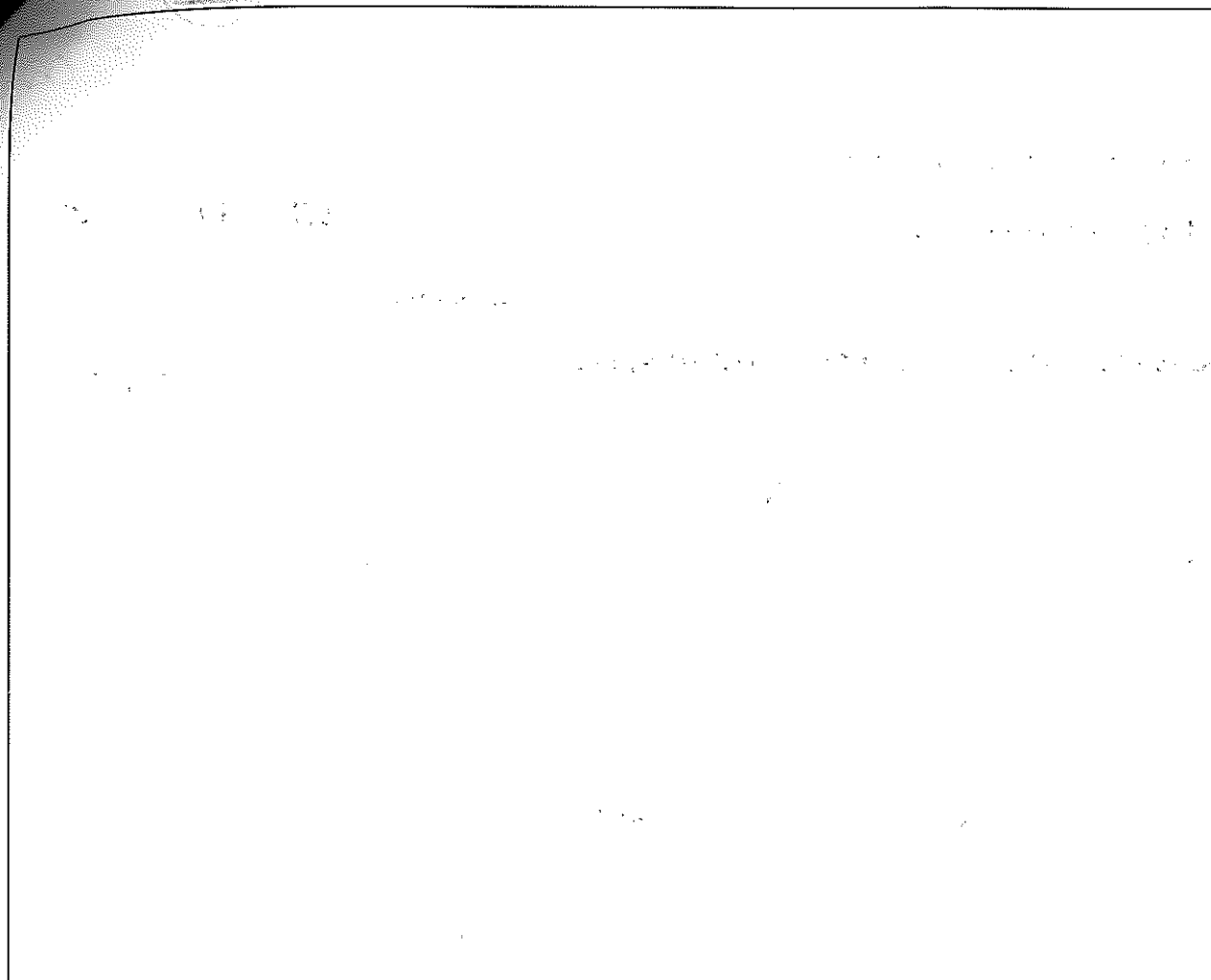
VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Owner's Name(s): (Print) **Michael Nelson** Owner's Signature(s): (No Stamps) *Michael Nelson*
 Plumber's Name: (Print) _____ Rec'd for Issuance _____ Plumber's Signature: (No Stamps) _____ MP/MPSRW No: _____
 Plumber's Address: (Street, City, State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY (Sanitary Staff)
 Approved Disapproved Owner Given Initial Adverse Determination
 Sanitary Permit/Transfer Fee: **\$150** Date Issued: **6-17-15** Issuing Agent's Signature / Date: *[Signature]* **6/15/15**

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
 NO PLUMBING FIXTURES OR PRESSURIZED WATER SHALL ENTER HOUSE UNLESS APPROVED POINTS IS INSTALLED.

Lot Line



← Name of Frontage Road () →

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:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| a. Building to all lot lines | i. Privy to building |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line |
| d. Septic / holding tank to closest lot line | l. Drain field to building |
| e. Septic/holding tank to building | m. Drain field to well |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line | |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

