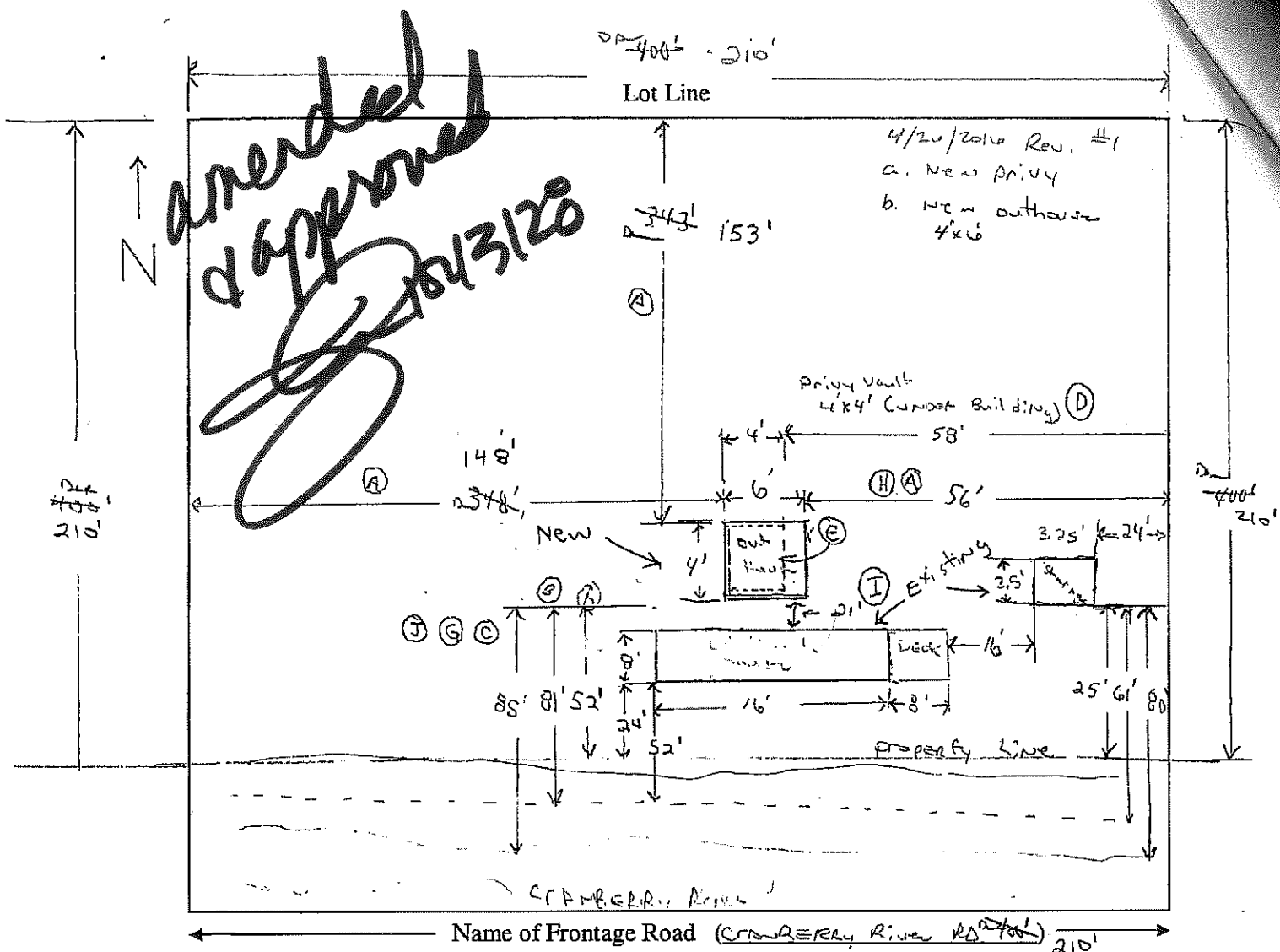


BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:	County Permit No: <u>16-0077</u>						
Property Owner's Name <u>David A. Ramsey</u>				County: Bayfield							
Address of Property <u>14750 Cranberry River Rd. Herbston, WI 54844</u>				Property Location: <u>SW 1/4 SE 1/4, S 20 T 50 N, R 07 E (or) (W)</u>							
Property Owner's Mailing Address <u>P.O. Box 184</u>				Township <u>Clayton</u>	Gov. Lot #: <u>N/A</u>						
City, State <u>Lac du Flambeau WI</u>	Zip Code <u>54538</u>	Phone Number <u>715.588.2829</u>	Lot # <u>N/A</u>	Block #: <u>N/A</u>	Subdivision Name or OSW# <u>RECETIVE</u>						
II. TYPE OF BUILDING: (Check One)				Parcel ID							
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>1</u>				Tax Number(s): <u>11736</u>							
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)				Bayfield Co. Zoning Dept.							
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor 1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)											
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number:</i> _____ <i>Date Issued:</i> _____											
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above											
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>320</u> gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> 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	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
Septic Tank or Holding Tank		<u>320</u>	<u>0</u>	<u>320</u>	<u>1</u>	<u>Wieser</u>	<u>X</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 / <u>Owner's</u> Name: (Print) <u>David A. Ramsey</u>			Plumber's / <u>Owner's</u> Signature: (No Stamps) <u>David A. Ramsey</u>		MP/MPSW No:						
Plumber's Address: (Street, City State, Zip Code)			Home Phone:		Business Phone:						
VIII. COUNTY / DEPARTMENT USE ONLY											
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>5-2-16</u>	Issuing Agent's Signature / Date: <u>[Signature] 10/31/28</u>							
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											
<p style="font-size: 1.2em;">Primary shall be maintained per recorded agreement. No pressurized water shall enter the building unless approved points installed + connected. No plumbing fixtures in building.</p>											

Plot Plan on reverse side



- ✓ 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). *NOT To Scale &
- ✓ 2. Show the approximate location and size of the building.
- ✓ 3. Show the location of the well, septic tank and drain field. - NONE
- ✓ 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. - NONE
7. Show dimensions in feet on the following:

**IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 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 - UNDER Bldg. | ✓ m. Drain field to well |
| ✓ f. Septic / holding tank to well - NO 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
 (715) 373-6138

u/forms/sanitaryapplication1
 June 2006