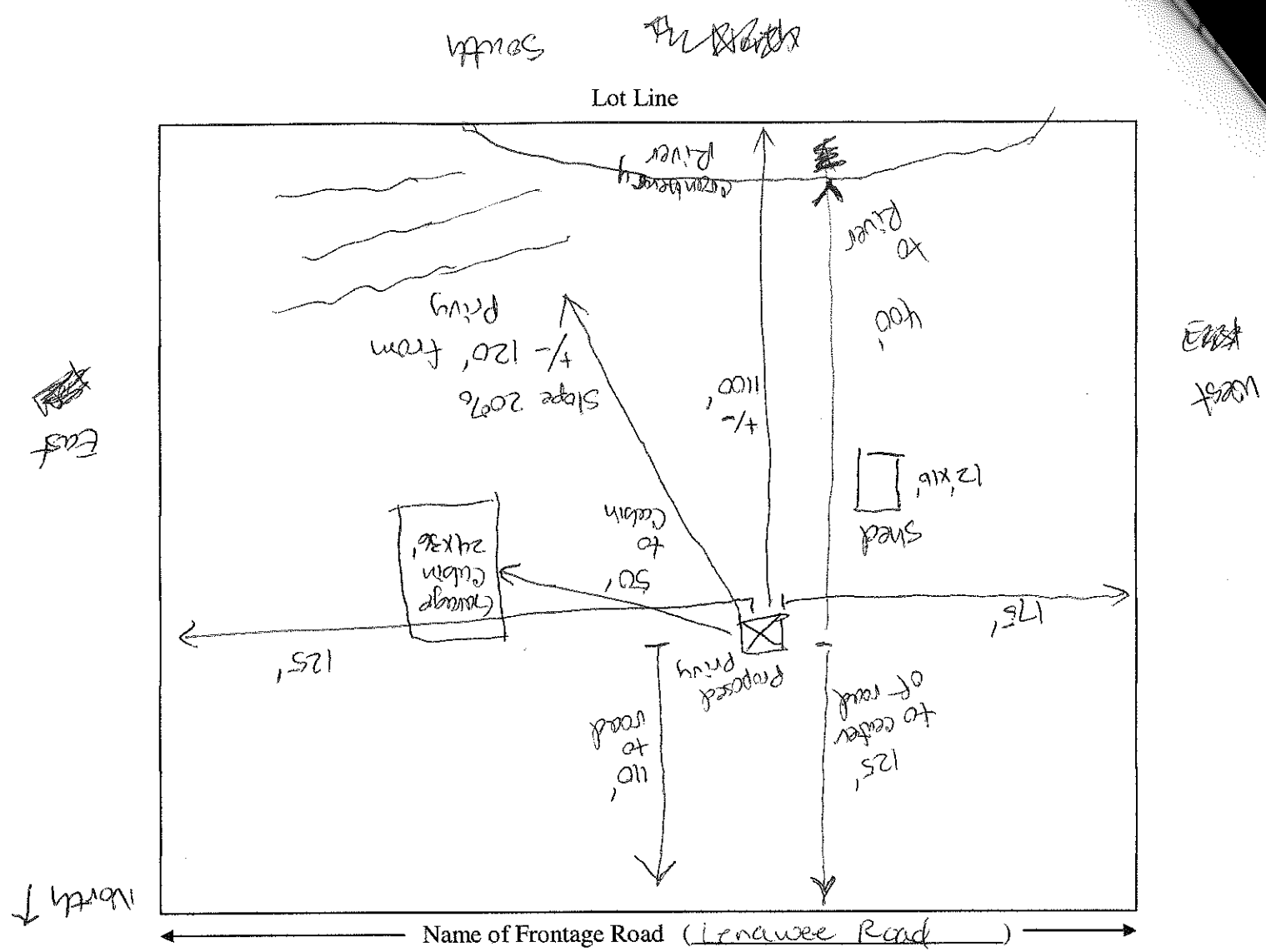




BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)			Soil Test No:	County Permit No: <u>16-0387</u>							
Property Owner's Name <u>Scott Davis and JoAnne Norby-Davis</u>			County: Bayfield								
Address of Property <u>134005 Lenawee, Herbster WI 54844</u>			Property Location: <u>NE 1/4 NW 1/4, S 28 T 50 N, R 7 E (or) W</u>								
Property Owner's Mailing Address <u>12990 Co Rd 18</u>			Township <u>Clover</u>	Gov. Lot #:							
City, State <u>Hibbing, MN</u>	Zip Code <u>55746</u>	Phone Number <u>218-969-3785</u>	Lot #	Block #:							
II. TYPE OF BUILDING: (Check One)			Subdivision Name or CSM #:								
<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>0</u>			RECEIVED AUG 08 2016								
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)											
A) <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor Bayfield Co. Zoning Dept.											
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 checked="" type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number:</i> <u>13-0172</u> <i>Date Issued:</i> <u>July 8, 2013</u>											
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>300</u> gallons or <u>1.5</u> cubic yards)											
<input type="checkbox"/> Portable Privy (<u>Temporary Use Only</u>) <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>500</u>	<u>500</u>		<u>NORSKO model 40785</u>					<input checked="" type="checkbox"/>	
Lift Pump Tank / Siphon Chamber		<u>N/A</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) <u>JoAnne M. Norby-Davis</u>				Plumber's / Owner's Signature: (No Stamps) <u>JoAnne M. Norby-Davis</u>				MP/MPSRW No:			
Plumber's Address: (Street, City State, Zip Code) <u>12990 C.R. 18, Hibbing MN 55746</u>						Home Phone: <u>218-969-3785</u>			Business Phone:		
VIII. COUNTY / DEPARTMENT USE ONLY											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$150</u>		Date Issued: <u>10-26-16</u>		Issuing Agent's Signature / Date: <u>[Signature] 10/3/28</u>			
		<input type="checkbox"/> Owner Given Initial Adverse Determination									
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											
system shall be maintained per recorded agreement.											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Rec'd for Issuance OCT 26 2016 Secretarial Staff </div>											



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	i. Privy to building 50'
b. Building to centerline of road	j. Privy to lake, river, stream or pond 400'
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 110'	

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

RECEIVED
OCT 14 2016

BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

ENTERED

Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION
(Please Print All Information) Bayfield Co. Zoning Dept. Soil Test No: _____ County Permit No: 16-0388

Property Owner's Name: Frank Koelem County: **Bayfield**

Address of Property: XXX TBD UENAUUE Rd (applied Fee) Property Location: NW 1/4 NE 1/4 S 33 T 50 N R 7 E (or W)

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

City, State _____ Zip Code _____ Phone Number _____ Lot # _____ Block #: _____ Subdivision Name or CSM #: _____

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms _____
 Parcel ID Tax Number(s): 11993

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: 200 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											
Lift Pump Tank / Siphon Chamber							<u>plastic culvert in concrete</u>				

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) Frank K. Koelem Owner's Signature(s): (No Stamps) Frank K. Koelem
 Plumber's Name: (Print) _____ Plumber's Signature: (No Stamps) _____ MP/MPSW No: _____
 Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

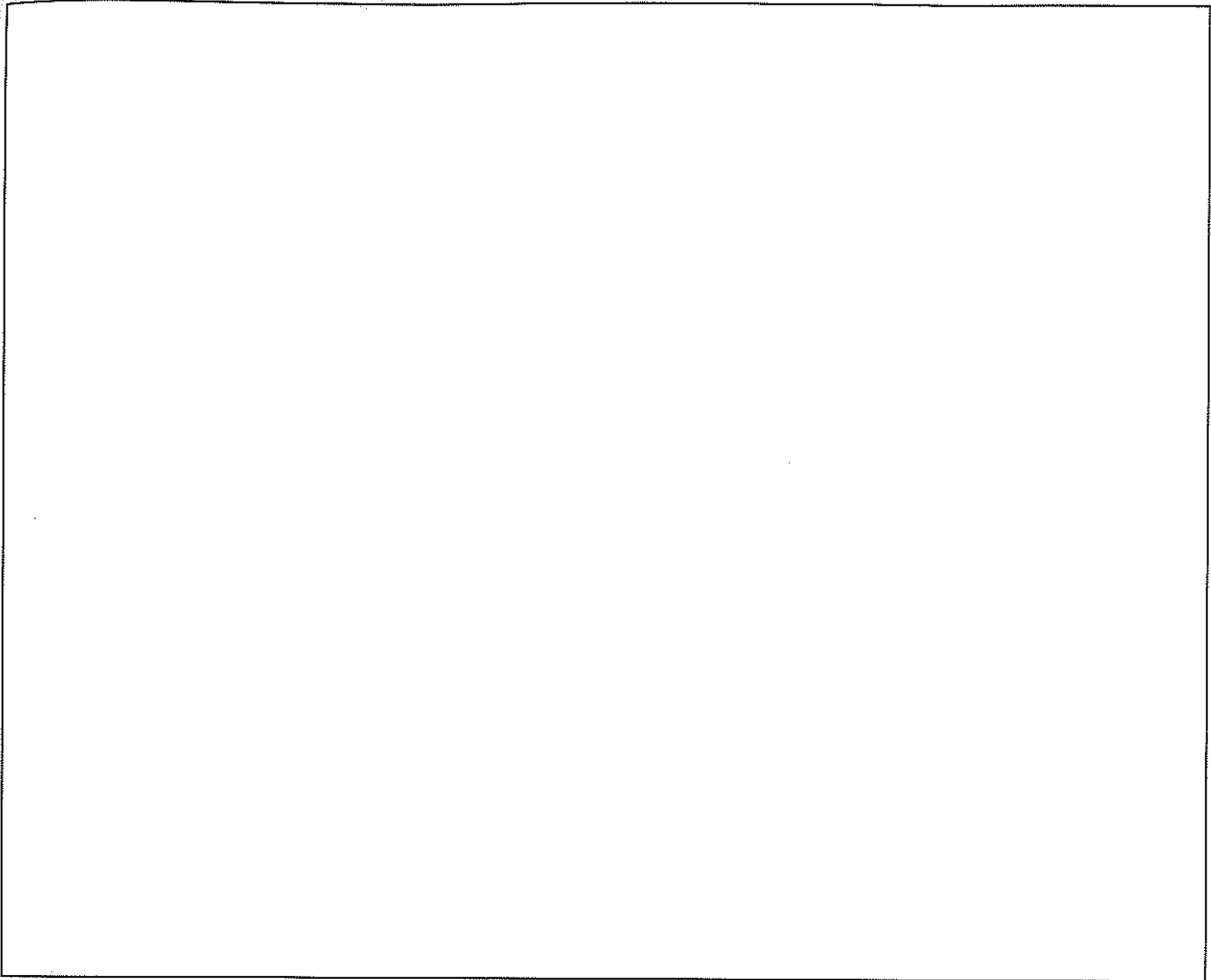
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150 10-17-16</u>	Date Issued: <u>10-26-16</u>	Issuing Agent's Signature / Date: <u>[Signature] 10/31/28</u>
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IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
maintain system per recorded agreement

Rec'd for Issuance
OCT 26 2016
Secretarial Staff

Plot Plan on reverse side

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

