

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District F1
Lakes Class -

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No:	County Permit No: <u>17-0100</u>
---	---------------	----------------------------------

Property Owner's Name: <u>CHRIS + MICHELLE THOMAS</u>	County: <u>Bayfield</u>
--	-------------------------

Address of Property:	Property Location: <u>NE 1/4 NE 1/4, S 25 T 45 N, R 7 E (or) (W)</u>
----------------------	---

Property Owner's Mailing Address: <u>512848 E LAUDON RD</u>	Township: <u>DRUMMOND</u>	Gov. Lot #:
--	------------------------------	-------------

City, State <u>WAD WI</u>	Zip Code <u>53556</u>	Phone Number <u>608-583-2882</u>	Lot #	Block #:	Subdivision Name or CSM #:
------------------------------	--------------------------	-------------------------------------	-------	----------	----------------------------

II. TYPE OF BUILDING: (Check One)		Parcel ID	Tax Number(s):
<input type="checkbox"/> State Owned	<input checked="" type="checkbox"/> <u>Vacant Land</u>		<u>Tax ID # 35695</u>
<input type="checkbox"/> Public (Explain the use/purpose _____)			
<input type="checkbox"/> 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) <input checked="" type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> County Private Interceptor	
<input type="checkbox"/> Reconnection	<input type="checkbox"/> Repair	<input type="checkbox"/> Revision	** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)
B) <input type="checkbox"/> 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) <input type="checkbox"/> Pit Privy	<input checked="" type="checkbox"/> Vault Privy (Vault size: <u>200</u> gallons or _____ cubic yards)	<input type="checkbox"/> Portable Privy	<input type="checkbox"/> Camping Transfer Unit Container	<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.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>200</u>		<u>200</u>	<u>1</u>	<u>KITTIESON'S INC</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.

Owner's Name(s): (Print) <i>If applying for Section C above</i> <u>CHRIS THOMAS</u>	Owner's Signature(s): (No Stamps) 	
Plumber's Name: (Print) <i>If applying for Section A or B) above</i>	Plumber's Signature: (No Stamps)	MP/MPRSW No:
Plumber's Address: (Street, City State, Zip Code)	Home Phone:	Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved <u>5/3/2017</u>	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150 5-2-17</u>	Date Issued: <u>5-4-17</u>	Issuing Agent's Signature / Date: <u>5/3/2017</u> <u>1085929</u>
---	--	--	-------------------------------	--

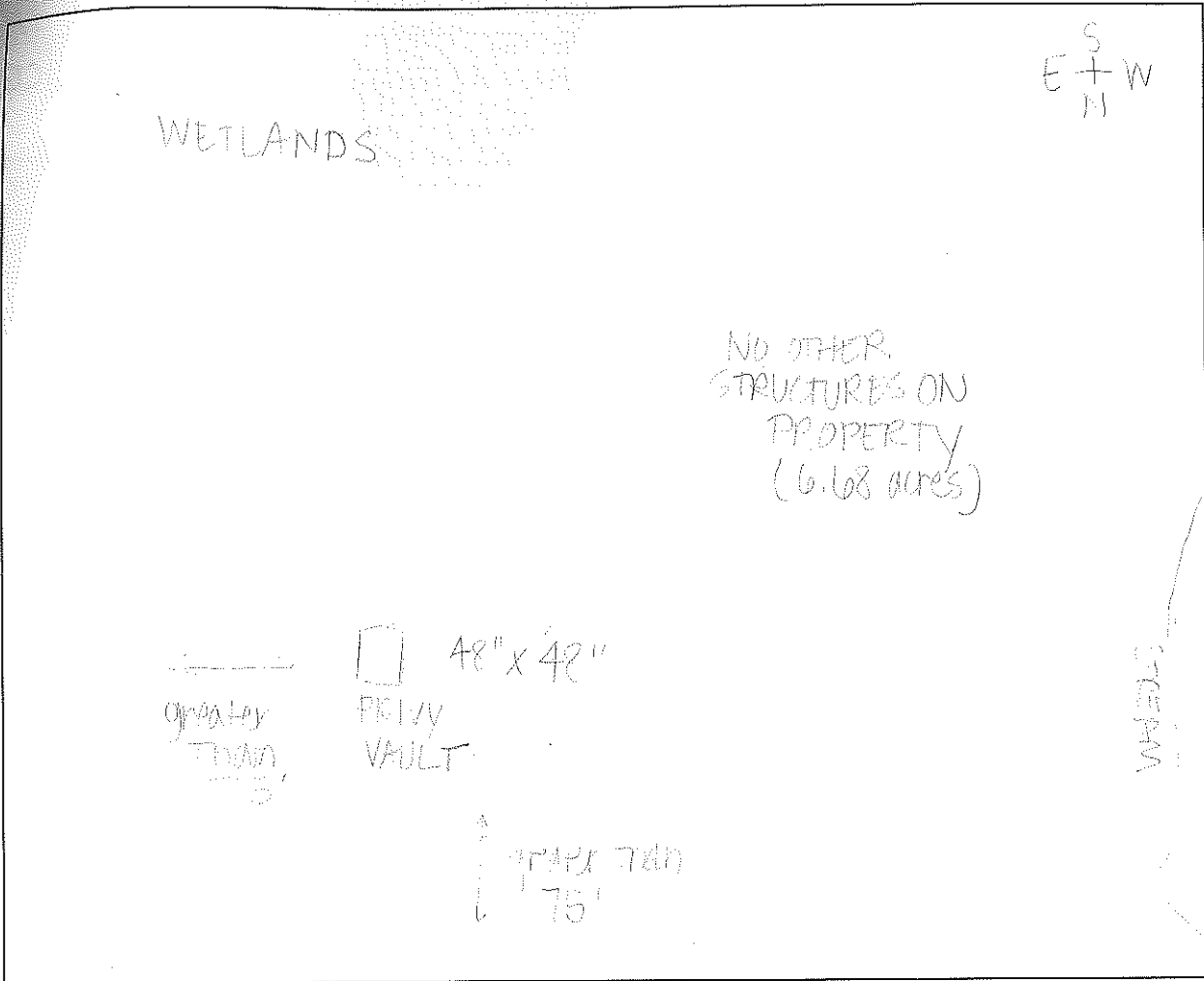
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Must Maintain Per Recorded Privy Agreement.

Rec'd for Issuance
MAY 04 2017
Secretarial Staff

Plot Plan on reverse side

Lot Line



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

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – X
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0100** Issued To: **Christopher & Michelle Thomas**

Par in
Location: **NE** ¼ of **NE** ¼ Section **25** Township **45** N. Range **7** W. Town of **Drummond**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [Vaulted Privy (200 Gallon)]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must maintain per recorded privy agreement.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 4, 2017

Date