



# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District                       
Lakes Class                     

**I. APPLICATION INFORMATION**  
(Please Print All Information)

Soil Test No: N/A vault County Permit No: 17-0408

Property Owner's Name: Curt + Gail Propson County: **Bayfield**

Address of Property: Wedal Road Property Location: 1/2 NE 1/4, S14 T 48 N, R 05 (or) (W)

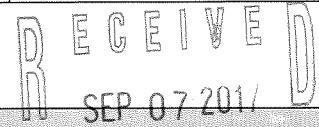
Property Owner's Mailing Address: Barksdale Township: Barksdale Gov. Lot #:                     

City, State: Barksdale 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                     

TAX Parcel ID:                      Tax Number(s): 36426



**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)

Bayfield Co. Zoning Dept.

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	<u>1</u>		<u>200</u>		<u>NORWESCO</u>					<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) Curt Propson If applying for Section C above  
Owner's Signature(s): (No Stamps) [Signature]

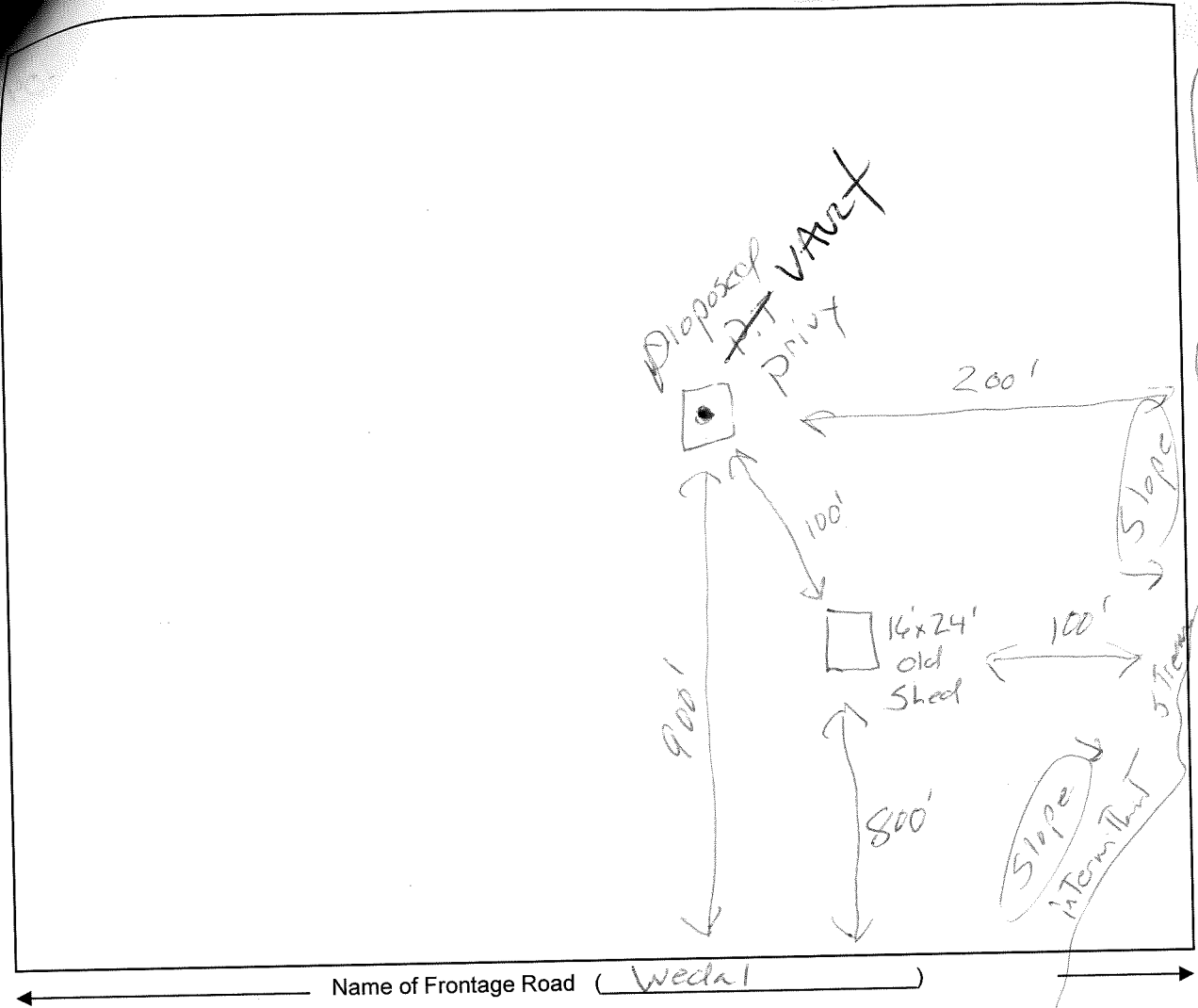
Plumber's Name: (Print)                      If applying for Section A or B above  
Plumber's Signature: (No Stamps)                      MP/MPSRW No:                     

Plumber's Address: (Street, City State, Zip Code)                      Home Phone:                      Business Phone:                     

**VIII. COUNTY / DEPARTMENT USE ONLY**

Approved  Disapproved  Owner Given Initial Adverse Determination  
Sanitary Permit/Transfer Fee: \$150 10-6-17 Date Issued: 10-6-17 Issuing Agent's Signature / Date: [Signature] 10/3/28

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**



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. 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.
7. Show dimensions in feet on the following:

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

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>a. Building to all lot lines</li> <li>b. Building to centerline of road</li> <li>c. Building to lake, river, stream or pond</li> <li>d. Septic / holding tank to closest lot line</li> <li>e. Septic/holding tank to building</li> <li>f. Septic / holding tank to well</li> <li>g. Septic / holding tank to lake, river, stream or pond</li> <li>h. Privy to closest lot line</li> </ol> | <ol style="list-style-type: none"> <li>i. Privy to building</li> <li>j. Privy to lake, river, stream or pond</li> <li>k. Drain field to closest lot line</li> <li>l. Drain field to building</li> <li>m. Drain field to well</li> <li>n. Drain field to lake, river, stream or pond</li> <li>o. Well to building</li> </ol> |
|--|---|

**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 – Vaulted Privy  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0408** Issued To: **Curt & Gail Propson**

Par in  
Location: **SE** ¼ of **NE** ¼ Section **14** Township **48** N. Range **5** W. Town of **Barksdale**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

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

Condition(s):

**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.

**Jennifer Murphy**

Authorized Issuing Official

**October 6, 2017**

Date