

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District \_\_\_\_\_  
Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)	Soil Test No:	County Permit No: <b>19-0279</b>
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Property Owner's Name: <b>Town of NAMAKAGON</b>	County: <b>Bayfield</b>
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Address of Property: <b>25205 County Hwy M</b>	Property Location: <b>NW 1/4 NW 1/4, S 19 T 43 N, R 5 E (or) W</b>
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Property Owner's Mailing Address: <b>23845 County Hwy M</b>	Township: <b>NAMAKAGON</b>	Gov. Lot #:
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City, State <b>CABLE</b>	Zip Code <b>89821</b>	Phone Number <b>719-2666</b>	Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name
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<b>II. TYPE OF BUILDING: (Check One)</b>	Tax ID#: <b>24048</b>
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____	

<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>	
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)	<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; transform: rotate(-5deg); display: inline-block;">             RECEIVED MAY 16 2019 Bayfield Co. Zoning Dept           </div>
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____	

<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>	
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <b>1000</b> 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	

<b>V. ABSORPTION SYSTEM INFORMATION:</b>						
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	<b>1000</b>		<b>1000</b>	<b>1</b>	<b>Rasmussen</b>	<b>X</b>					
Lift Pump Tank / Siphon Chamber											

<b>VII. RESPONSIBILITY STATEMENT:</b>		
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.		
<b>Owner's Name(s):</b> (Print) <i>If applying for Section C above</i> <b>Town of NAMAKAGON</b>	<b>Owner's Signature(s):</b> (No Stamps) <i>Robert Rasmussen, Chairman</i>	
<b>Plumber's Name:</b> (Print) <i>If applying for Section A or B) above</i> <b>RASMUSSENS &amp; SONS</b>	<b>Plumber's Signature:</b> (No Stamps)	<b>MP/MPSRW No:</b>
<b>Plumber's Address:</b> (Street, City State, Zip Code)	<b>Home Phone:</b>	<b>Business Phone:</b>

<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>				
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	<b>Sanitary Permit/Transfer Fee:</b> <b>\$150 8-19-19</b>	<b>Date Issued:</b> <b>8-19-19</b>	<b>Issuing Agent's Signature / Date:</b> <i>Steve 1423713</i>

<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>

21

Office Garage

bulb Storage

Gated Storage

#1 →

#2 →

#3 →

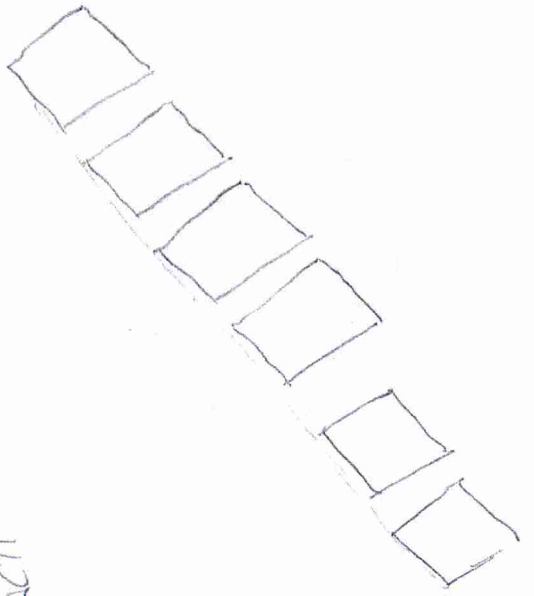
Trees

metal

Dumpster

Tile Storage  
Oil Storage

Backstop



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

AND USE - X  
SANITARY - X  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **19-0279** Issued To: **Town of Namakagon**

Location: **NW** ¼ of **NW** ¼ Section **19** Township **43** N. Range **5** W. Town of **Namakagon**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Municipal Other: [ Vaulted Privy (1,000 Rasmussen Tank) ]**

**(Disclaimer): Any future expansions or development would require additional permitting.**

### Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or 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.

**Tracy Pooler**

Authorized Issuing Official

**August 19, 2019**

Date