

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION (Please Print All Information)			Soil Test No: _____		County Permit No: 19-0414		<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;">ENTERED</div>					
Property Owner's Name: Matthew J + Katherine A Hedman			County: Bayfield		Bayfield							
Address of Property: NIA (Sengvord Ln)			Property Location: ¼ ¼, S 13 T 43 N, R 08 E (or) W									
Property Owner's Mailing Address: 5112 Oliver Ave S			Township: Cable		Gov. Lot #: _____							
City, State Minneapolis, MN		Zip Code 55419	Phone Number	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name				
II. TYPE OF BUILDING: (Check One)				Tax ID#:								
<input type="checkbox"/> State Owned				04-012-2-43-08-13-1 05-002-10000								
<input type="checkbox"/> Public (Explain the use/purpose _____)												
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms No Dwelling Yet												
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 checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ 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 NIA	2. Absorp. Area Required (Sq.Ft.) NIA	3. Absorp. Area Proposed (Sq. Ft.) NIA	4. Loading Rate (Gals. / Day / Sq.Ft.) NIA	5. Perc. Rate (Min. Inch) NIA	6. System Elev.(Feet) NIA	7. Final Grade Elev. (Feet) NIA						
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		-	-									
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) If applying for Section C above Matthew Hedman				Owner's Signature(s): (No Stamps) 								
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												
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: \$150 7-29-19		Date Issued: 11-20-19	Issuing Agent's Signature / Date: Mohler 1423713 11/20/19					
<input type="checkbox"/> Owner Given Initial Adverse Determination												
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: Maintain as Required												

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. **19-0414** Issued To: **Matthew & Katherine Hedman**

Location: - 1/4 of - 1/4 Section **13** Township **43** N. Range **8** W. Town of **Cable**

E 700' N 1/2 of
 Gov't Lot **2** Lot Block Subdivision CSM#

For: **Residential Other: [Pit Privy]**

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

Condition(s): Maintain as required.

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

November 20, 2019

 Date