

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**

Zoning District RRB
Lakes Class 1

RECEIVED
JUN 22 2020

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No:	County Permit No: <u>20-0194</u>
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Property Owner's Name: <u>Clair Angland</u>	County: <u>Bayfield</u>
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Address of Property: <u>5690 5th HWY 13 Port Wing</u>	Property Location: $\frac{1}{4}$ $\frac{1}{4}$, S <u>35</u> T <u>50</u> N, R <u>9</u> E (or) <u>W</u>
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Property Owner's Mailing Address: <u>2303 S. Le. Homme Dieu Dr</u>	Township: <u>Oriente</u>	Gov. Lot #:
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City, State <u>Alexandria MN</u>	Zip Code <u>56308</u>	Phone Number <u>320-760-464</u>	Lot # <u>1</u>	Block #:	CSM #: <u>1093</u>	CSM Doc # <u>v7 p47</u>	Subdivision Name
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II. TYPE OF BUILDING: (Check One)	Tax ID#: <u>26395</u>
<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>RV</u>	

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 type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)
<input checked="" type="checkbox"/> Portable Privy	<input checked="" type="checkbox"/> Camping Transfer Unit Container
<input type="checkbox"/> Composting Toilets	<input type="checkbox"/> Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>X</u>	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>300</u>		<u>300</u>	<u>1</u>	<u>Satellite</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>Clair Angland</u>	Owner's Signature(s): (No Stamps) <u>[Signature]</u>	
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	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$50 6-24-20</u> <u>\$100 7-30-20</u>	Date Issued: <u>7-30-20</u>	Issuing Agent's Signature / Date: <u>Todd Norwood / 7-15-20</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Maintain CUTC per recorded agreement and service contract
Install tank per manufacturers specifications. Tank must be installed under RV
no more than 4" into the finished grade.

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. **20-0194** Issued To: **Clair Angland**

Location: - 1/4 of - 1/4 Section **35** Township **50** N. Range **9** W. Town of **Oriental**

Gov't Lot Lot **1** Block Subdivision CSM# **1093**

For: **Residential Other: [Camp Unit Transfer Container]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain CUTC per recorded agreement and service contract. Install tank per manufacturers specifications. Tank must be installed under RV no more than 4" into the finished grade.

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.

Todd Norwood

Authorized Issuing Official

July 30, 2020

Date