

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District RT
Lakes Class 1

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No: <u>103-20</u>	County Permit No: <u>20-0191</u>
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Property Owner's Name: <u>NORMAN & CHRISTY VOORHEES</u>	County: <u>Bayfield</u>
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Address of Property: <u>6620 Kolling Rd.</u>	Property Location: ¼ ¼, S T N, R E (or) W
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Property Owner's Mailing Address: <u>1321 104 Ave W</u>	Township: <u>Gov</u> Lot #: <u>10</u>
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City, State <u>Duluth MN</u>	Zip Code <u>55808</u>	Phone Number 	Lot # <u>576</u>	Block # 	CSM # 	CSM Doc # 	Subdivision Name <u>MATESTIC PINES</u>
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II. TYPE OF BUILDING: (Check One)	Tax ID#: <u>18893</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>4</u>	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> RECEIVED JUN 08 2020 </div>

Bayfield Co. Zoning Dept.

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	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											
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>NORMAN VOORHEES</u>	Owner's Signature(s): (No Stamps) <u>Norman Voorhees</u>
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Plumber's Name: (Print) <i>If applying for Section A or B above</i>	Plumber's Signature: (No Stamps)	MP/MPRSW No:
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Plumber's Address: (Street, City State, Zip Code)	Home Phone:	Business Phone:
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VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved <u>7/28/20</u>	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150 7-28-20</u>	Date Issued: <u>7-28-20</u>	Issuing Agent's Signature / Date: <u>[Signature]</u> <u>1085729</u> <u>7/28/20</u>
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IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Per Recorded Privy Agreement

Plot Plan on reverse side

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. **20-0191** Issued To: **Norman & Christy Voorhees**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **24** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot **5 & 6** Lot **10** Block Subdivision **Majestic Pines** CSM#

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

Condition(s): Per recorded privy agreement.
 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.

Rob Schierman

 Authorized Issuing Official

July 28, 2020

 Date