

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



RECEIVED

JUN 22 2020

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No:	County Permit No: <u>20-0200</u>
Property Owner's Name <u>Michael Foley</u>		County:	Bayfield
Address of Property <u>7560 Quarry Shans Rd. Port Wing</u>		Property Location: Township <u>Port Wing</u> Gov. Lot #: <u>1 & NENE IN</u>	
Property Owner's Mailing Address <u>2506 N. Clark St., #129 Chgo, IL 60614</u>		City, State	Zip Code
Phone Number	Lot # <u>1</u>	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 _____

Parcel ID _____ Tax Number(s): 28475

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Interceptor

1. Reconnection 2. Repair 3. Revision ** Transfer of Owner (List Previous Owner below)

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 (Temporary Use Only) Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION: NA

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	1		200	1	ACME					<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.

Plumber's / **Owner's** Name: (Print) Michael Foley Plumber's / **Owner's** Signature: (No Stamps) [Signature] MP/MPSRW No: _____

Plumber's Address: (Street, City State, Zip Code) 2506 N. Clark St., #129 Port Wing Home Phone: _____ Business Phone: 612-210-7936

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150 6-24-20</u>	Date Issued: <u>8-3-20</u>	Issuing Agent's Signature / Date: <u>Todd Norwood 7-24-20</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Maintain privy per recorded agreement
Vault must be pumped by a licensed septic hauler when full

Lake Superior

Bluff Edge

Ry Pad

Wetland

30'

Privy location

Private Driveway

Private Driveway

05-10-08

Handwritten notes at the bottom of the page, including the date 05-10-08 and some illegible text.

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. **20-0200** Issued To: **Michael Foley**

Location: **NE** ¼ of **NE** ¼ Section **30** Township **50** N. Range **8** W. Town of **Port Wing**

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

For: **Residential Other: [Vaulted Privy (200 gallon Acme tank)]**

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

Condition(s): **Maintain privy per recorded agreement. Vault must be pumped by a licensed septic hauler when full.**

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.

Todd Norwood

Authorized Issuing Official

August 3, 2020

Date