

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District
Lakes Class



I. APPLICATION INFORMATION (Please Print All Information) **DECEMBER** Soft Test No. **13-053** County Permit No: **13-053**

Property Owner's Name **Emily & Michael Ertel** JUN 12 2013 County: **Bayfield**

Address of Property **49255 East Shore Rd Barnes** Bayfield Co. Zoning **1/4** Property Location: **1/4, S 17 T 44 N, R 9 E (or) W**

Property Owner's Mailing Address **19510 Foxfield Dr.** Township **Barnes** Gov. Lot #: **4**

City, State **Prior Lake, MN** Zip Code **55372** Phone Number **952-270-2992** Lot # **---** Block #: **---** Subdivision Name or CSM #: **---**

II. TYPE OF BUILDING: (Check One) Parcel ID **---** Tax Number(s): **04-004-2-44-09-17-4-05-004-10000**

State Owned Public (Explain the use/purpose **1 or 2 Family Dwelling - No. of Bedrooms 1 Camper**)

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: _____

C) Pit Privy Vault Privy (Vault size: **250** gallons or _____ cubic yards) Composting Toilets 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) _____

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	250	N/A	250	1	Grade 1 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.

Plumber's / **Owner's** Name: (Print) **Michael S. Ertel** Plumber's / **Owner's** Signature: *[Signature]* (No Stamps) MP/MPPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: **952-270-2992** Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

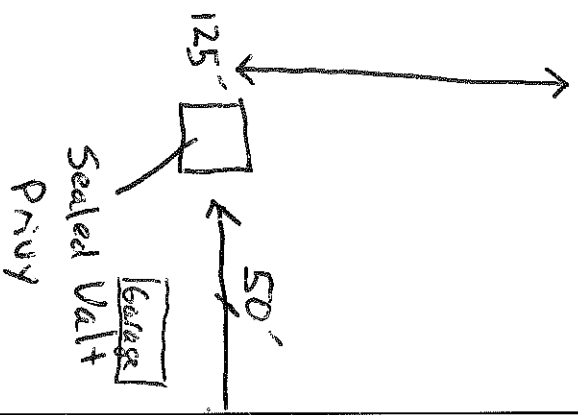
Approved Disapproved Sanitary Permit/Transfer Fee: **\$150** Date Issued: **6-26-13** Issuing Agent's Signature / Date: *[Signature]* **6-20-13**

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: *No water under pressure in RV.*

Rec'd for Issuance
JUN 26 2013
Plot Plat reversed side
Secretarial Staff

Lot Line Middle Eau Claire Lake

← 200' →



← Name of Frontage Road (East Shore Rd.) →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond
 - o. Well to building

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 COMPLETELY**