

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

EXTENDED

**I. APPLICATION INFORMATION**  
(Please Print All Information)

Property Owner's Name: **Jeff & Michelle Anne** County: **Bayfield** County Permit No: **10-0222**

Address of Property: **XXX Kelly Lake Rd** Property Location: **1/4 1/4 S 26 T 45 N, R 9 E (or) W**

Property Owner's Mailing Address: **717 50th Ave** Township: **Barnes** Gov. Lot #: **3** Subdivision Name or CSM #: \_\_\_\_\_

City, State: **Clear Lake, WI** Zip Code: **54005** Phone Number: **715 263-2798** Block #: \_\_\_\_\_

**II. TYPE OF BUILDING: (Check One)**

State Owned

Public (Explain the use/purpose \_\_\_\_\_)

1 or 2 Family Dwelling - No. of Bedrooms: \_\_\_\_\_

**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

Pit Privy  Vault Privy (Vault size: **200** gallons or \_\_\_\_\_ cubic yards)

Portable Privy (Temporary Use Only)  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)
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	Manufacturer's Name	Site Constructed	Fiber-glass
Septic Tank or Holding Tank		New Tanks	Existing Tanks	Prefab. Concrete	Steel	Plastic
Lift Pump Tank / Siphon Chamber						Expert App.

**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) **Jeffrey O Anne** Plumber's / Owner's Signature: (No Stamps) *Jeffrey O Anne* MP/MPSRW No: \_\_\_\_\_

Plumber's Address: (Street, City State, Zip Code) **717 50th Ave Clear Lake WI 54005** Home Phone: **715-263-2798** Business Phone: \_\_\_\_\_

**VIII. COUNTY / DEPARTMENT USE ONLY**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$1506/25/10</b>	Date Issued: <b>7/22/10</b>
Owner Given Initial Adverse Determination		Issuing Agent's Signature / Date: <b>M. Funtak 7-7-10</b>	

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

No water under pressure in structure. No plumbing fixtures in structure.

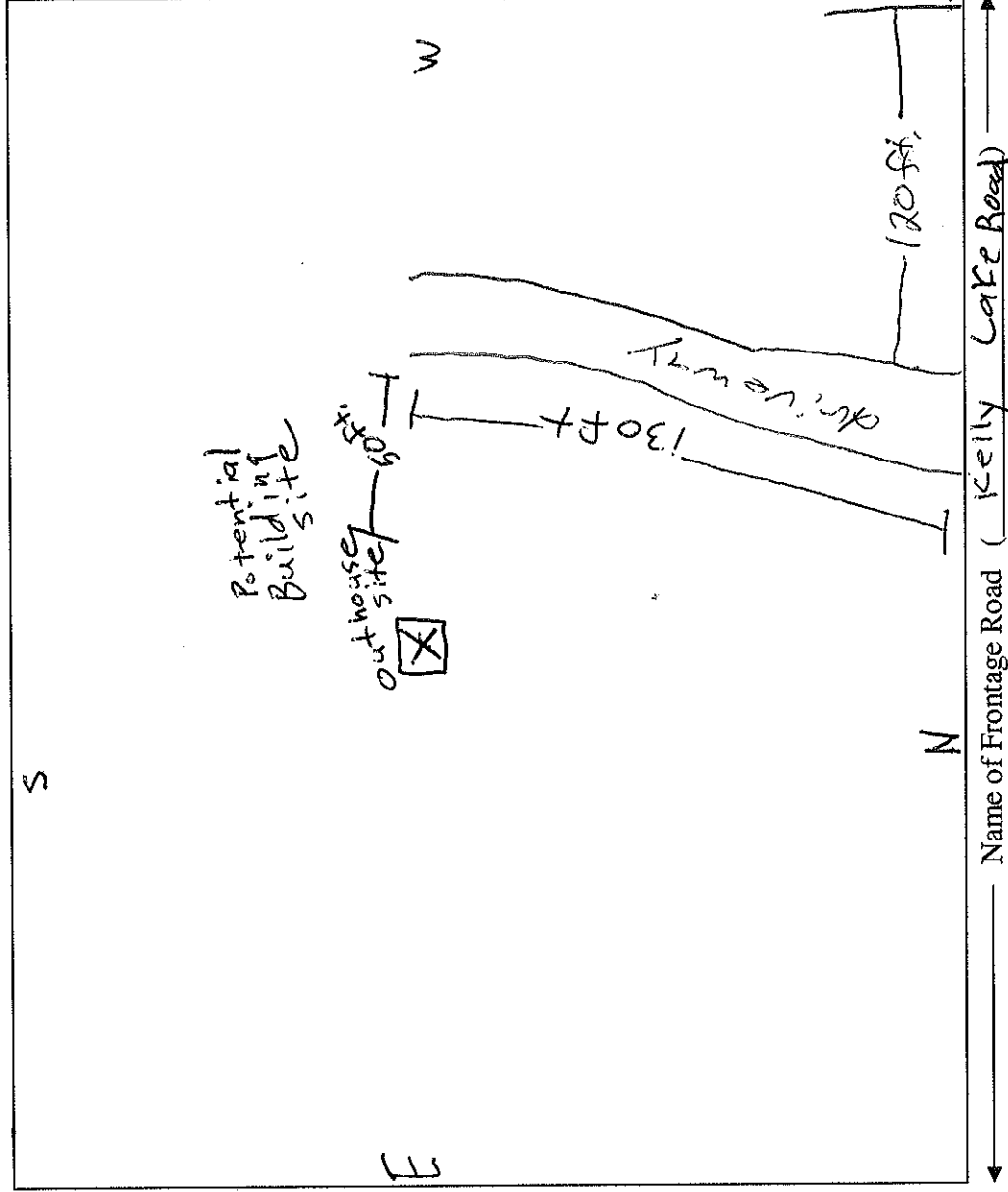
**Rec'd for Issuance**

Plot Plan on reverse side

JUL 12 2010

Secretarial Staff

Lot Line



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. ~~Drain field to building~~

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

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54981  
(715) 373-6138

# 150.00 permit 54891  
Day zoning