

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

## I. APPLICATION INFORMATION

(Please Print All Information)

Soil Test **RECEIVED** County Permit No: 10-0251

Property Owner's Name Alate Holden County: **Bayfield**

Address of Property 52260 Pease Rd. Property Location: NW 1/4 SE 1/4 S 36 T 45 N R 9 E (or) W

Property Owner's Mailing Address N 11899 City Rd 0 Township Barnes Gov. Lot #: \_\_\_\_\_

City, State Bayceville, WI Zip Code 54725 Phone Number (715) 556-3212 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 2

**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: 425151 Date Issued: 5-4-04

## IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) \* Replacements need previous permit number and date filled out above

- C)  Pit Privy (Vault size: \_\_\_\_\_ gallons or \_\_\_\_\_ cubic yards)  
 Portable Privy (**Temporary Use Only**)  Composting Toilets  Incinerating Toilet

## V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>300</u>	2. Absorp. Area Required (Sq.Ft.) <u>429</u>	3. Absorp. Area Proposed (Sq. Ft. $\times$ 7) <u>435</u>	4. Loading Rate (Gals. / Day / Sq.Ft.) <u>7</u>	5. Perc. Rate (Min. Inch) <u>1</u>	6. System Elev.(Feet) <u>94.1</u>	7. Final Grade Elev. (Feet) <u>97.8-96.5</u>
<b>VI. TANK INFORMATION:</b> Capacity In Gallons New Tanks _____ Existing Tanks <u>1000</u>		Manufacturer's Name <u>NDRWESOP</u>	Prefab. Concrete _____ Site Constructed _____	Steel _____ Fiber-glass _____	Plastic _____	Exper. App. _____
Septic Tank or Holding Tank	Lift Pump Tank / Siphon Chamber					<u>X</u>

## 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) Kent Hoke Plumber's / Owner's Signature: [Signature] (No Stamps) MP/MPSRW No: MP-22499

Plumber's Address: (Street, City State, Zip Code) P.O. Box 10 Colfax WI 54730 Home Phone: 715-962-4155 Business Phone: 715-962-4155

## VIII. COUNTY / DEPARTMENT USE ONLY

Approved  Disapproved  
 Owner Given Initial Adverse Determination mg Sanitary Permit/Transfer Fee: \$50 Date Issued: 7/23/10  
 Issuing Agent's Signature / Date: M. Furtak 7-21-10

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

**Rec'd for Issuance**

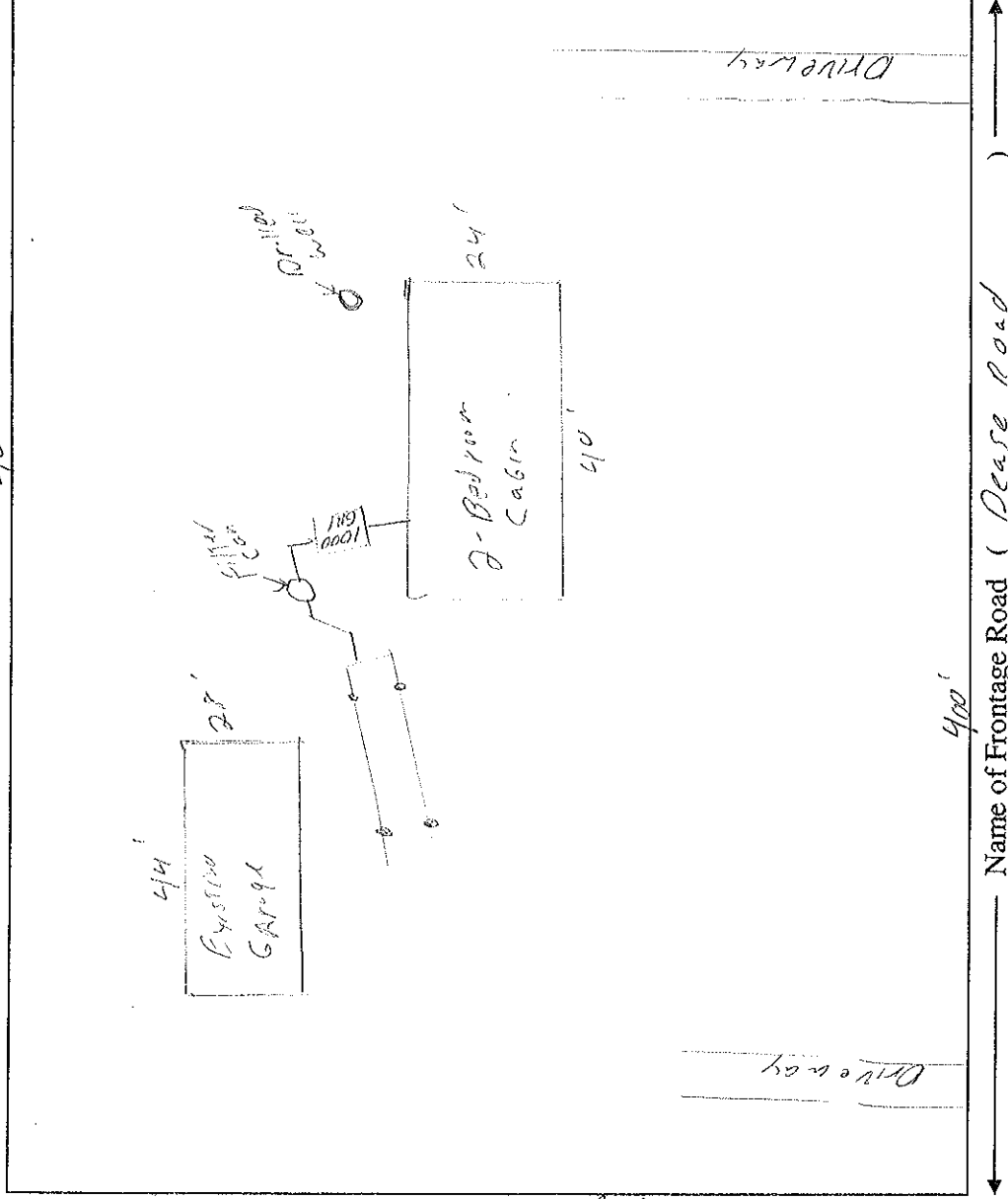
JUL 22 2010 Plan on reverse side

Secretarial Staff

ENTERED



Lot Line 400'



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                            | i. Privy to building                          |
| b. Building to centerline of road                       | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond              | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic/holding tank to building                      | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                            |   |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

(715) 373-6138

u/forms/sanitaryapplication1  
June 2006