

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

*(clone for septics by previous owner)*

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|--|---|
| <b>I. APPLICATION INFORMATION</b><br><small>(Please Print All Information)</small>   |   |
| RECEIVED<br>NOV 05 2009<br>Property Owner's Name<br><b>Jack and Tami Hoff</b>  | County<br><b>Bayfield</b><br>Permit No:<br><b>09-0560</b>                       |
| Address of Property<br><b>2320 Pickere Lake Rd Barnes WI 54873</b>   |   |
| Property Owner's Mailing Address<br><b>511 So. 7th St <del>Bayfield</del></b>  | Property Location:<br>1/4 1/4 S 05 T 44 N, R 09 E (or <b>W</b> )<br>Gov. Lot #: |
| City State<br><b>Cameron WI</b>  | Township<br><b>Barnes</b>   |
| Zip Code<br><b>54822</b>   | Block #:  |
| Phone Number<br><b>715-458-4759</b>  | Lot #<br><b>8</b>   |
| Subdivision Name or CSM #: <b>572</b>  |   |
| <b>II. TYPE OF BUILDING: (Check One)</b><br><input type="checkbox"/> State Owned<br><input type="checkbox"/> Public (Explain the use/purpose)<br><input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>recreational</b>  |   |
| <b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b><br>A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor<br>1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision <b>**</b> <input type="checkbox"/> Transfer of Owner (List Previous Owner below) |   |
| B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ Date Issued: _____   |   |
| <b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One)</b> * Replacements need previous permit number and date filled out above<br>C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)<br><input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet                |   |
| <b>V. ABSORPTION SYSTEM INFORMATION:</b>   |   |
| 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><br>Capacity In Gallons<br>New Tanks <input checked="" type="checkbox"/> Existing Tanks <input type="checkbox"/> Total Gallons <b>1000</b><br>Septic Tank or Holding Tank <input checked="" type="checkbox"/> Lift Pump Tank / Siphon Chamber <input type="checkbox"/>   |   |
| Manufacturer's Name  | Prefab. Concrete <input checked="" type="checkbox"/>                            |
| Site Constructed   | Steel <input type="checkbox"/>  |
| Fiber-glass  | Plastic <input type="checkbox"/>  |
| Exper. App.  |   |
| <b>VII. RESPONSIBILITY STATEMENT:</b>  |   |
| I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.<br>Plumber's / Owner's Name: (Print)<br><b>Jack Hoff - Owner</b><br>Plumber's / Owner's Signature: (No Stamps) _____ MP/MPSRW No: _____<br>Home Phone: _____ Business Phone: _____  |   |
| <b>VIII. COUNTY / DEPARTMENT USE ONLY</b>  |   |
| <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved  | Sanitary Permit/Transfer Fee:<br><b>\$150 11/5/09 mj</b>                        |
| Owner Given Initial Adverse Determination  | Date Issued:<br><b>11/20/09</b>   |
| Issuing Agent's Signature / Date:<br><b>M. Fustak 11-18-09</b>   |   |
| <b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>   |   |
| <p style="font-size: 2em; font-family: cursive;">No water under pressure may enter any structures or RV's.</p>   |   |

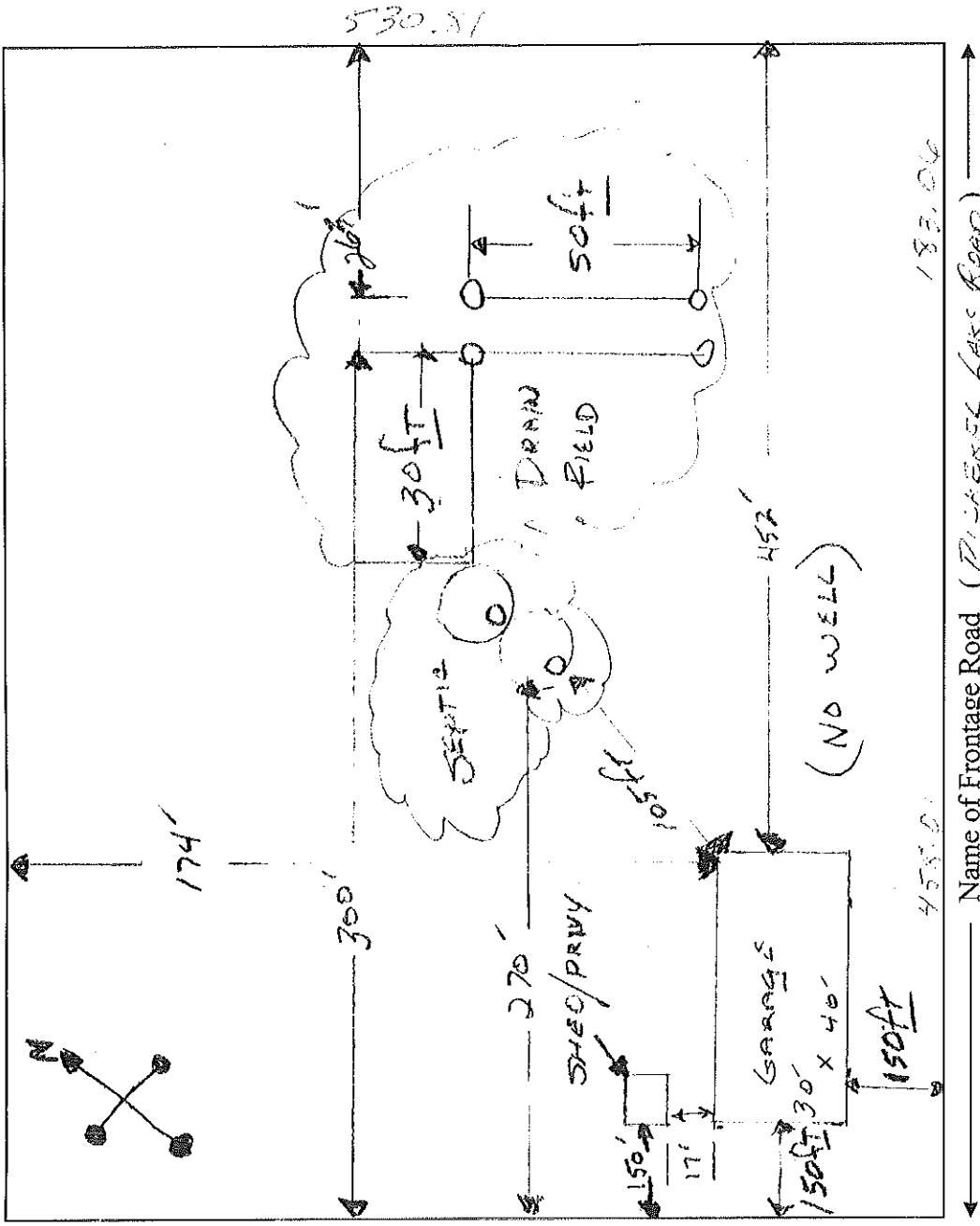
Rec'd for Issuance

NOV 18, 2009

Secretarial Staff

Plot Plan on reverse side

573.81 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. Well to building

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