

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Unit B
ENTERED

Soil Test No: _____ County Permit No: 08-0474

Property Owner's Name: City of Bayfield County: Bayfield

Address of Property: 86070 State Hwy 13 (Dairy Camp Park Rd)
Property Location: $\frac{1}{4}$ $\frac{1}{4}$, S 12 T 50 N, R 4 E (or) W

Property Owner's Mailing Address: PO Box 1170
Gov. Lot #: 2

City, State: Bayfield WI Zip Code: 54814 Phone Number: 779 5712
Lot #: _____ Block #: _____ Subdivision Name or CSM #: _____

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

Parcel ID: 04-006-2-50-04-12-405-002-1000
Tax Number(s): 006102805000

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 size: 5500 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) _____

VI. TANK INFORMATION	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New	Existing									
Septic Tank or Holding Tank			<u>500</u>	<u>1</u>	<u>Wufruit</u>	<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) Larry J. MacDonald, Mayor Plumber's / Owner's Signature: (No Stamps) _____ MP/MPRSW No: _____

Plumber's Address: (Street, City State, Zip Code) 125 S. 1st St., Bayfield WI 54814 Home Phone: (715) 779 5712 Business Phone: (715) 779-5712

VIII. COUNTY / DEPARTMENT USE ONLY

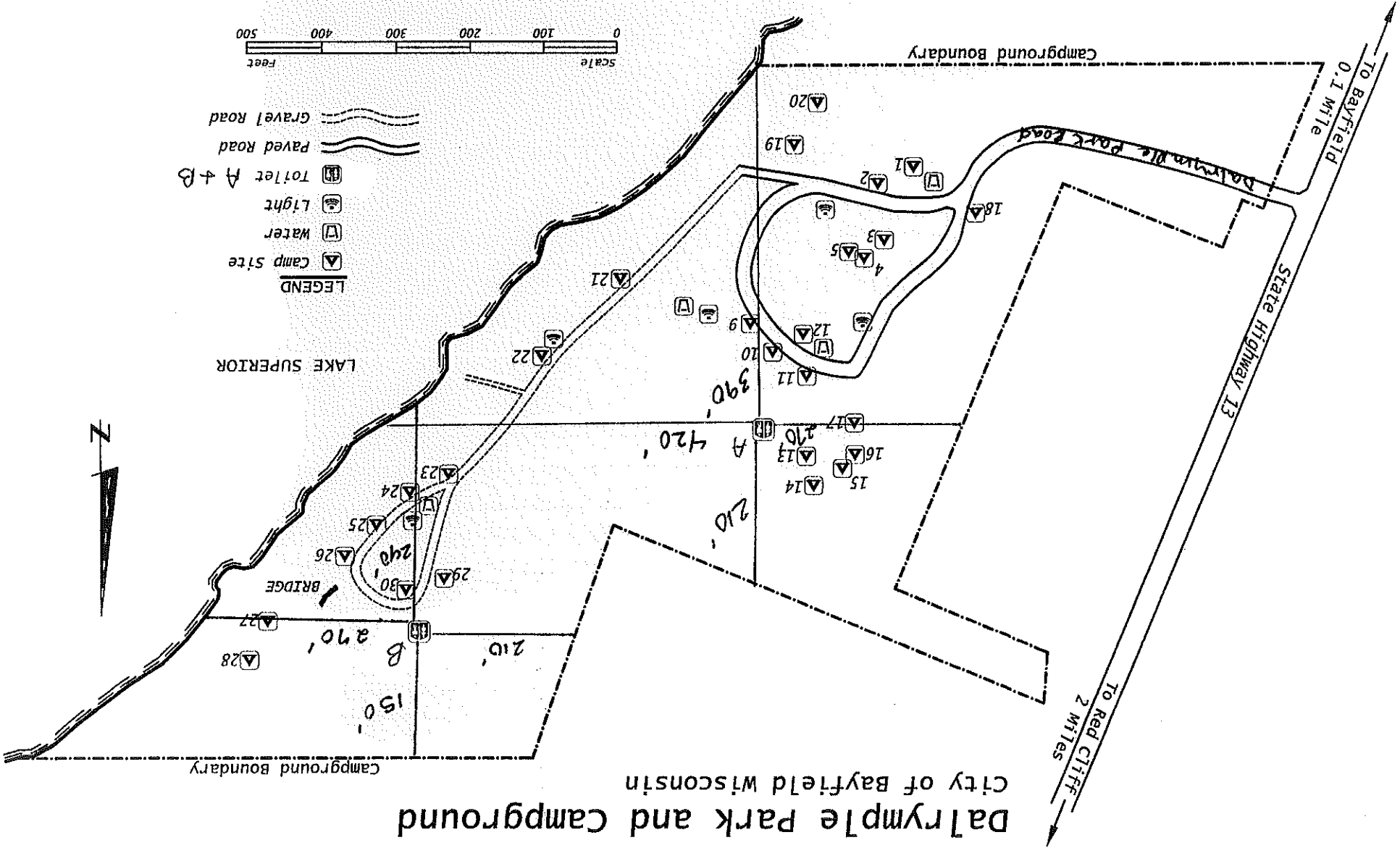
Approved Disapproved
 Owner Given Initial Adverse Determination
Sanitary Permit/Transfer Fee: \$150.00 Date Issued: 9/17/08
8/18/08 Issuing Agent's Signature / Date: [Signature] / 9-4-08

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

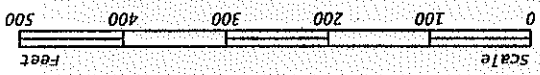
RC SEPTIC'S ARE WITH
PP
UNIT B
Rec'd for Issuance
SEP 04 2008
Bayfield Staff

Dalrymple Park and Campground

City of Bayfield Wisconsin



- LEGEND**
- ▼ Camp Site
 - Water
 - Light
 - Toilet A+B
 - == Paved Road
 - ~ Gravel Road



LAKE SUPERIOR

Campground Boundary

Campground Boundary

TO Bayfield
0.1 Mile

State Highway 13

TO Red Cliff
2 Miles

Dalrymple Park Road

210'

A 420'

390'

210'

150'

B 210'

240'

BRIDGE

27

28

29

30

26

25

24

23

22

21

15

14

13

16

17

10

11

12

13

4

5

18

2

1

19

20

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Unit A
ENTERED

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No:	County Permit No: <u>08-0473</u>
Property Owner's Name <u>City of Bayfield</u>		County: Bayfield	
Address of Property <u>86070 State Hwy 13 (Dairyland Park Rd)</u>		Property Location: N 1/4 S 12 T 50 N, R 4 E (or) W	
Property Owner's Mailing Address <u>PO Box 1170</u>		Gov. Lot #: <u>2</u>	
City, State <u>Bayfield WI</u>	Zip Code <u>54814</u>	Lot #	Block #:
II. TYPE OF BUILDING (Check One)		Subdivision Name or CSM #:	
<input type="checkbox"/> State Owned <input checked="" type="checkbox"/> Public (Explain the use/purpose <u>Campground</u>) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms:		Parcel ID <u>04-006-2-50-04-12-405-002-10000</u> Tax Number(s): <u>006102805000</u>	
III. TYPE OF PERMIT (Check only one box on line A. Check box on line B, if applicable)			
A) <input type="checkbox"/> New		<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor	
1. <input type="checkbox"/> Reconnection		2. <input type="checkbox"/> Repair	
3. <input type="checkbox"/> Revision		** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)	
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <u>Previous Permit Number:</u>		Date Issued:	
IV. TYPE OF NON-PLUMBING SYSTEM (Check One) * Replacements need previous permit number and date filled out above			
C) <input type="checkbox"/> Pit Privy		<input checked="" type="checkbox"/> Vault Privy (Vault size: <u>550</u> gallons or ___ cubic yards)	
<input type="checkbox"/> Portable Privy (Temporary Use Only)		<input type="checkbox"/> Composting Toilets <input type="checkbox"/> 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	# of Tanks
Septic Tank or Holding Tank		New Tanks	Existing Tanks
Lift Pump Tank / Siphon Chamber		<u>500</u>	<u>1</u>
		Manufacturer's Name	Prefab. Concrete
		<u>Waste</u>	<u>X</u>
		Site Constructed	Fiber-glass
			Steel
			Exper. 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) <u>Larry J. McDonald, Mayor</u>		Plumber's / Owner's Signature: (No Stamps) <u>[Signature]</u> MP/MPRSW No:	
Plumber's Address: (Street, City State, Zip Code) <u>125 S. 1st St. Bayfield WI 54814</u>		Business Phone: <u>(715) 779-5712</u>	
VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150.00</u>	Date Issued: <u>9/4/08</u>
Owner Given Initial Adverse Determination		Issuing Agent's Signature / Date: <u>[Signature] / 9-4-08</u>	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:			
<u>All appropriate services met.</u>			

Rec'd for Issuance

Unit A

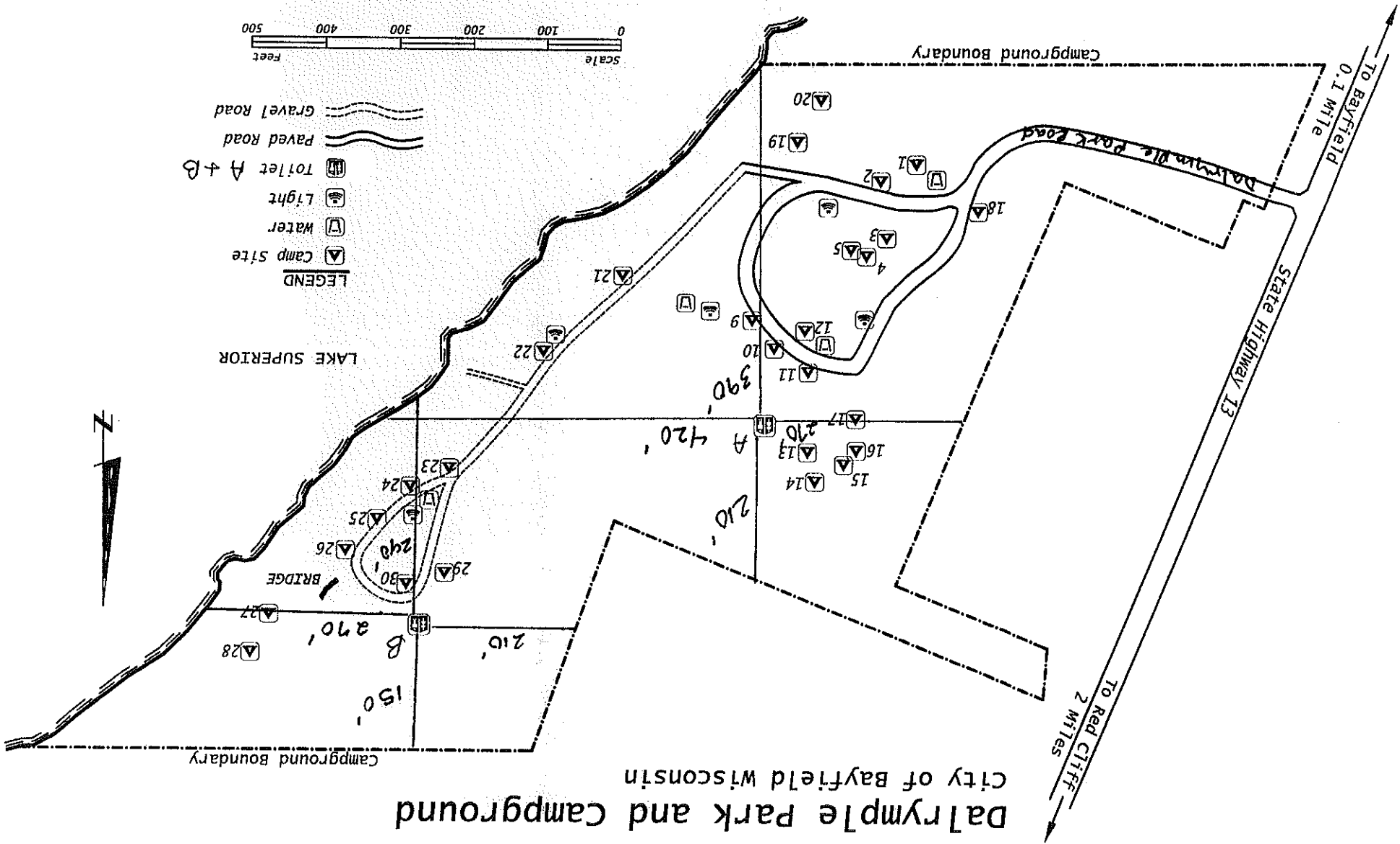
SEP 04 2008

Plot Plan on reverse side

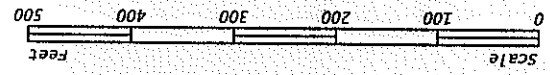
Sanitary Permit

Dalrymple Park and Campground

City of Bayfield Wisconsin



- LEGEND**
- Camp site
 - water
 - Light
 - Toilet A + B
 - Paved Road
 - Gravel Road



LAKE SUPERIOR

Campground Boundary

Campground Boundary