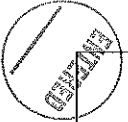


BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information)
 Property Owner's Name: Eileen Furlong, Tom Keiser County Permit No.: 11-0047
 Address of Property: 45970 East Cable Lake Rd Property Location: Bayfield Co. Zoning Dept NW 1/4, S 6 T 43 N, R 7
 Property Owner's Mailing Address: 3304 E. 25th St Township: Cable Gov. Lot #:
 City, State: Mpls. MN Zip Code: 55406 Phone Number: 612-722-6489 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: 3
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: 10-28/10 Date Issued: 10/28/10
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
 Pit Privy Vault Privy (Vault size: _____ 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: New Tanks _____ Existing Tanks _____ Total Gallons _____
 Septic Tank or Holding 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) Eileen Furlong + Tom Keiser Plumber's / Owner's Signature: (No Stamps) Tom Keiser MP/MPRSW No.: _____
 Plumber's Address: (Street, City, State, Zip Code) 3304 E. 25th St. Minneapolis, MN Home Phone: 612-722-6489 Business Phone: _____
VIII. COUNTY / DEPARTMENT USE ONLY
 Approved Disapproved Sanitary Permit/Transfer Fee: \$150.3/29/11 Date Issued: 4-12-11 Issuing Agent's Signature / Date: M. Furtak 4-8-11
 Owner Given Initial Adverse Determination
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
No water under pressure in structure unless a state approved sanitary system. See privy agreement.
 Rec'd for Issuance

Eileen Furlong + Thomas Keiser # 73236
3304 E. 25th St.
Minneapolis, MN 55406
612-722-6489

Scale: 1" = 40'



45970

E. Cable Lake Rd.

NE, NW, SE, T 43N, R 7W

Town of Cable

Bayfield Co., WI

04-012-2-43-07-06-2

01-000-20000

▲ BM = 100' @ Nail in ribboned
White Pine Tree (2' A.G.L.)

Elevations:

B1 = 101'

B2 = 101'

B3 = 102.4'

System = 99.7'

Pump e off = 90' ±

