

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION (Please Print All Information)
 RECEIVED
 AUG 09 2012

Property Owner's Name: **Bradley Sanecek**
 Property Owner's Mailing Address: **340 Locust St. Wisconsin Rapids, WI 54494**
 Bayfield Co. Zoning Dept. **N/A**

City, State: **Wisconsin Rapids, WI**
 Zip Code: **54494**
 Phone Number: **715-484-8930**

Soil Test No.: _____
 County: **Bayfield**
 Property Location: **SW 1/4 NW 1/4 S 24 T 43 N R 8 E (or) W**

Gov. Lot #: _____ Lot #: _____ Block #: _____
 Subdivision Name or CSM #: _____
 City Of: _____
 Village Of: **Cable**
 Town Of: **Cable**
 New Address or Road Name: **4273rd Rd**

II. TYPE OF BUILDING (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: **RV**
 PARCEL ID: **04-012-2-43-08-24-2**
 TAX NUMBER(S): **03-000-30000**

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 Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy (**RV** 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 | Existing Tanks | Total Gallons | # of Tanks | Manufacturer's Name | Prefab. Concrete | Site Constructed | Steel | Fiber-glass | Plastic |
| Septic Tank or Holding Tank | | | | | | | | | | | | | | | | |
| Lift Pump Tank / Siphon Chamber | | | | | | | | | | | | | | | | |

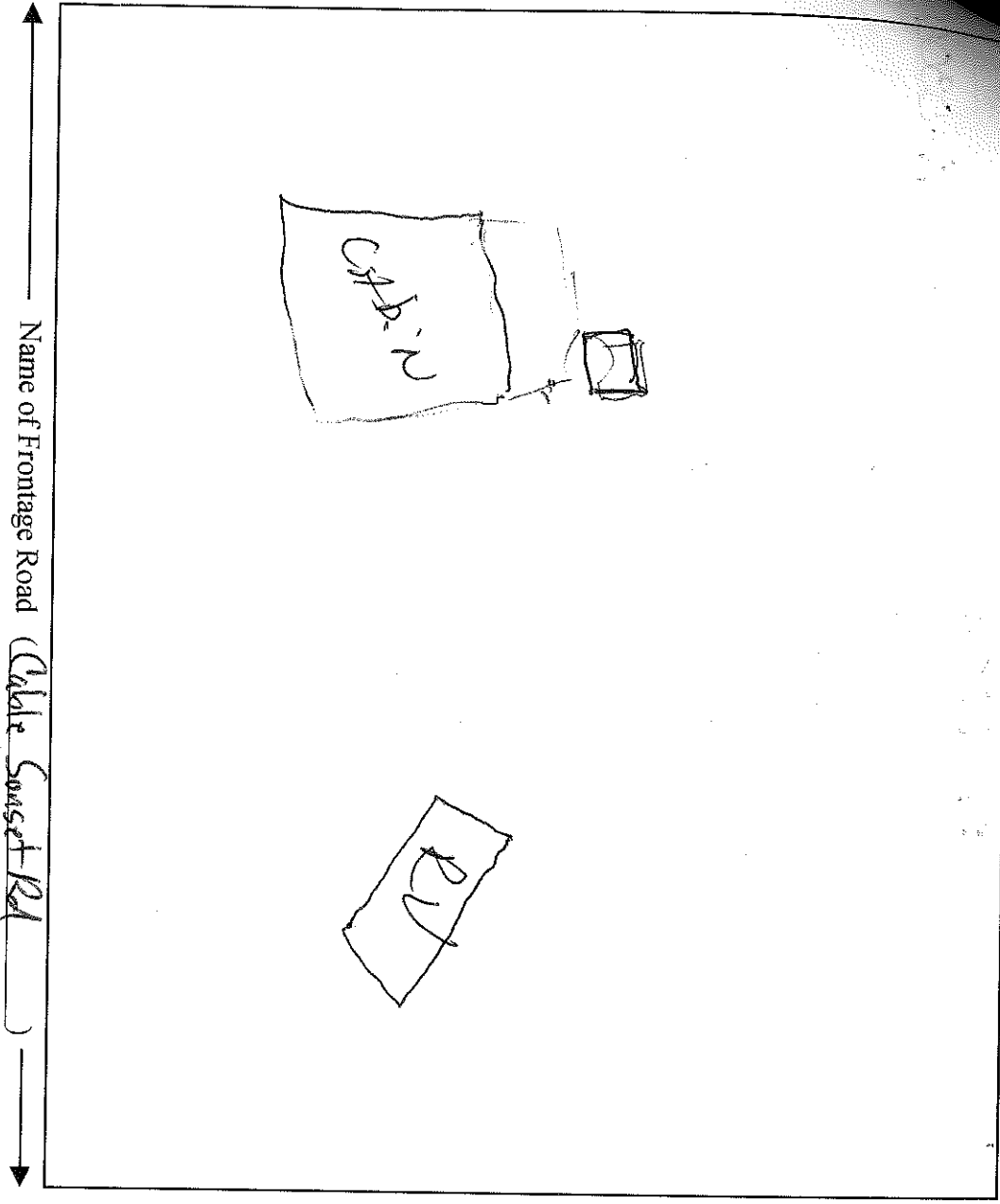
VII. RESPONSIBILITY STATEMENT
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's / Owner's Name: (Print) **Bradley Sanecek**
 Plumber's / Owner's Signature: (No Stamps) _____
 Plumber's Address: (Street, City State, Zip Code) **same as above**
 Home Phone: **715-424-2930**
 Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

| | | | | |
|--|--|---|-----------------------------|--|
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Sanitary Permit/Transfer Fee: \$150.00 RDS | Date Issued: 8-17-12 | Issuing Agent's Signature / Date: Mr. Foutals 8-17-12 |
| <input type="checkbox"/> Adverse Determination | <input type="checkbox"/> Owner Given Initial | 8/10/12 | | |

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
Must advise portable restroom per servicing contract.

Rec'd for Issuance
 AUG 17 2012
 Secretarial Staff
 Plot Plan on reverse side



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:

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

- | | |
|---|---|
| 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 tank to closest lot line | l. Drain field to building |
| e. Septic tank to building | m. Drain field to well |
| f. Septic tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic 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