

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No: <u>102-10</u>	County Permit No: <u># 10-0383</u>
Property Owner's Name <u>Jasper O. Behne</u>		County: Bayfield	
Address of Property <u>54135 Four Corners Stone Rd.</u>		Property Location: <u>SE 1/4 SE 1/4 S 22 T 45 N, R 5 E (or) (W)</u>	
Property Owner's Mailing Address <u>511 23rd Ave.</u>		Township <u>Lincoln</u>	Gov. Lot #: _____
City, State <u>Cumberland, WI</u>	Zip Code <u>54829</u>	Lot # _____	Block #: _____
II. TYPE OF BUILDING: (Check One)		Parcel ID _____	Subdivision Name or CSM #: _____
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2</u>		Phone Number <u>(715) 719-1461</u>	Tax Number(s): <u>04-030-2-45-05-22-4-04-000-10000</u>
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)			
A) <input checked="" type="checkbox"/> New		<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. Previous Permit Number: _____		Date Issued: _____	
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above			
C) <input checked="" type="checkbox"/> Pit Privy		(Vault size: _____ 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:			
Septic Tank or Holding Tank	Capacity In Gallons New Tanks _____ Existing Tanks _____	Total Gallons _____	# of Tanks _____
Lift Pump Tank / Siphon Chamber		Manufacturer's Name _____	Prefab. Concrete _____
		Site Constructed _____	Steel _____
		Fiber-glass _____	Plastic _____
		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>Jasper Behne</u>		Plumber's / Owner's Signature: (No Stamps) <u>Jasper O. Behne</u> MP/MPRSW No: _____	
Plumber's Address: (Street, City State, Zip Code)		Home Phone: _____ Business Phone: _____	
VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150 mg</u>	Date Issued: <u>9-23-10</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination		Issuing Agent's Signature / Date: <u>M. Furtak 9-20-10</u>	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:			
<u>No water under pressure in residence (colin).</u>			
<u>Rec'd for installation</u>			
<u>SEP 23 2010</u>			
<u>Secretary's Staff</u>			

Parcel in SE-SE-22-T45N-R5W

- Map Scale - 1" = 40'

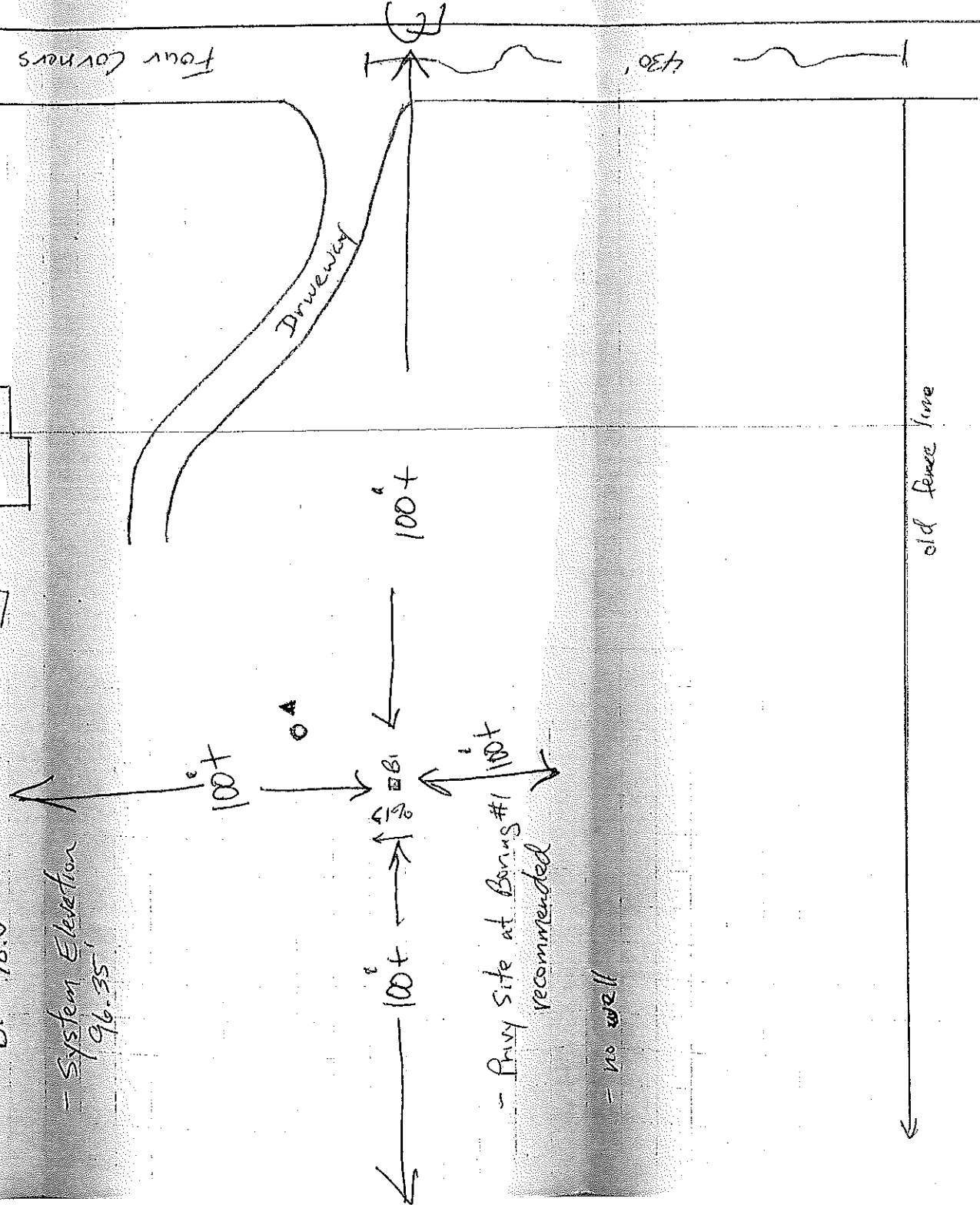
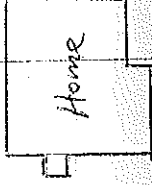
- BMA - nail approx. 20' above ground level on ribboned yellow poplar = 100'

- Elevation
B1 = 98.0

- System Elevation
96.35'

- Privy Site at Boring #1 100'
recommended

- no well



old fence line