

**BAYFIELD COUNTY SANITARY PERMIT APPLICATION**

Zoning District: F-2  
Lakes Class: \_\_\_\_\_

ENTERED

County: Bayfield Permit No: 11-0379

**I. APPLICATION INFORMATION**  
(Please Print All Information)

Property Owner's Name: Bayfield County  
Address of Property: Flag Rd  
City, State: Washburn WI

Soil Test No: \_\_\_\_\_  
County: \_\_\_\_\_  
Property Location: NE 1/4 NE 1/4 S 31 T 49 N, R 7 E (or) NW  
Township: Port Wing  
Gov. Lot #: \_\_\_\_\_

Property Owner's Mailing Address: Bayfield Co. Zoning Dept.  
P.O. Box 832

Zip Code: 54891 Phone Number: 715-373-6125

Parcel ID: \_\_\_\_\_  
Tax Number(s): 04-042-2-4907-31-1 01-000-10000

**II. TYPE OF BUILDING: (Check One)**

State Owned  
 Public (Explain the use/purpose Trail head)  
 1 or 2 Family Dwelling - No. of Bedrooms: \_\_\_\_\_

**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: 1000 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:**

Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Expert App.
	New	Existing									
					<u>Huffcutt</u>						

**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) Mawr Avoles - Allison  
Plumber's Address: (Street, City State, Zip Code) \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**VIII. COUNTY / DEPARTMENT USE ONLY**

Approved  
 Disapproved  
 Owner Given Initial  
 Adverse Determination  
Sanitary Permit/Transfer Fee: \$150. - 6-10-11  
Date Issued: \_\_\_\_\_  
Issuing Agent's Signature: [Signature] / Date: 10.16

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

The voter did not have to be notified/served by a licensed septic inspector and the permit did have to be returned to the county at first order to stop there (3) years.