

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District A-1
Lakes Class NLK



I. APPLICATION INFORMATION <small>(Please Print All Information)</small>				Soil Test No: <u>138-12</u>	County Permit No: <u>B3-0007</u>						
Property Owner's Name <u>Justin Roade</u>		County: <u>Bayfield</u>									
Address of Property <u>8505 Fireplace Rd</u>		Property Location: <u>S 1/2 S 1/2 SE 1/4 S 14 T 50 N, R 8</u>		E (or) W <u>(W)</u>							
Property Owner's Mailing Address		Township <u>FOR WING</u>		Gov. Lot #:							
City, State <u>Herkata WI</u>	Zip Code <u>54844</u>	Phone Number <u>715 774 3242</u>	Lot #	Block #:	Subdivision Name or CSM #:						
II. TYPE OF BUILDING: (Check One)			Parcel ID <u>04 04 22 50 08 14 40 3 000 3000</u>								
<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>			Tax Number(s):								
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"/> 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. <i>Previous Permit Number:</i> _____		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		<input type="checkbox"/> Vault 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 Lift Pump Tank / Siphon Chamber	Capacity In Gallons	Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prelab. 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>Justin Roade</u>		Plumber's / Owner's Signature: (No Stamps) <u>Justin Roade</u>		MP/MPSRW No: _____							
Plumber's Address: (Street, City State, Zip Code) <u>8505 Fireplace Rd Herkata WI 54844</u>		Home Phone: <u>715 774 3242</u>									
VIII. COUNTY / DEPARTMENT USE ONLY											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>150.00 kmh</u>		Date Issued: <u>12-19-18</u>						
Owner Given Initial <u>JR</u>		Adverse Determination		Issuing Agent's Signature / Date: <u>[Signature] 12.20.12</u>							
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											

1-16-13

Pilot Plan on reverse side

2640'

7 ft Borings for Priority only!

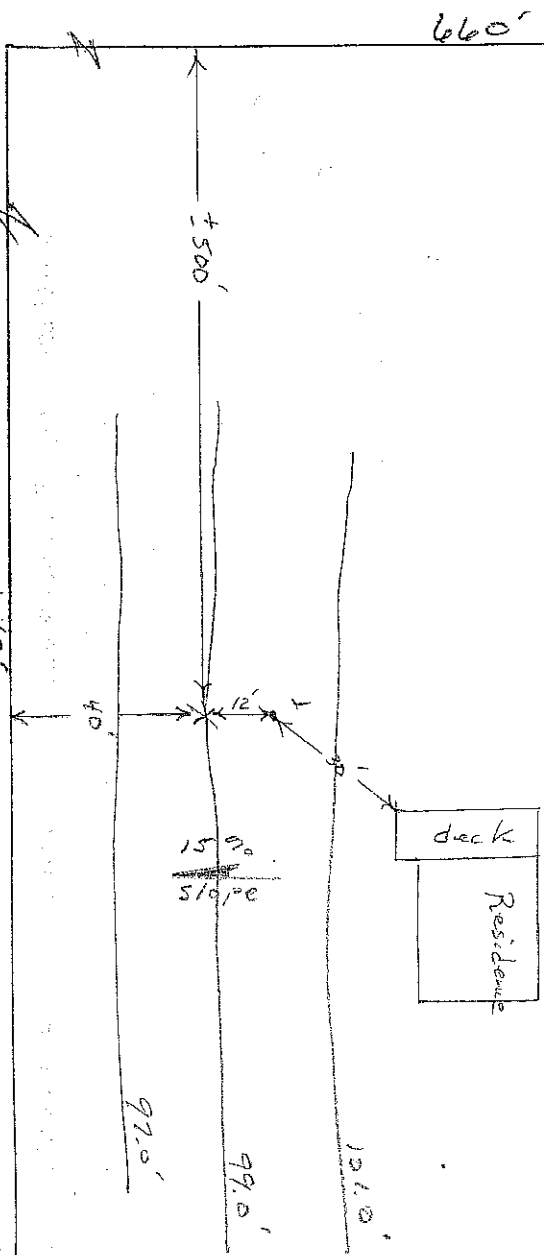
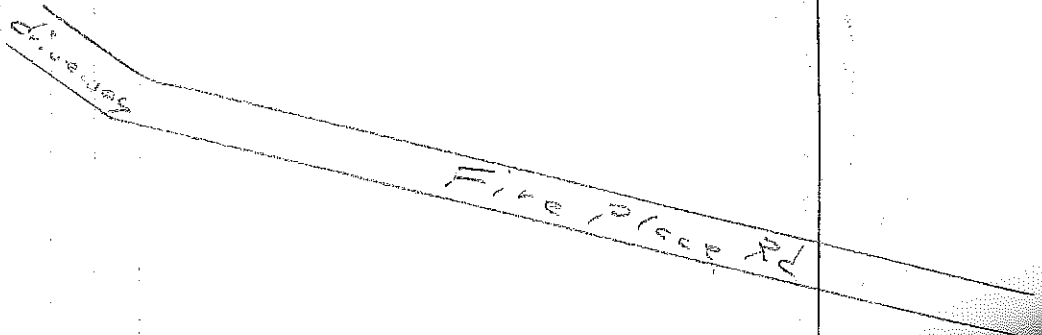
Five #85045

$$K = \text{Mail}/1.12'' \text{ oak} = \text{Bms URP} = \text{Eleu} / 100.0 = 12'' \text{ H 4.5r}$$

0 = Soil Borings

Scale: 1" = 40' on landscape

No well!!



Justin A. Roode
85045 Fireplace Rd
Herbster, WI 57844

1/2 1/2 S&L Sell
Town of Port Wing
Dayfield Co.

Allen P. Kos
P.O. Box 522
Iron River, WI 54846
CST # 220090