

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

ENTERED

I. APPLICATION INFORMATION (Please Print All Information) SEP 24 2009 Soil Test No: 169-08 County Permit No: 09-0466

Property Owner's Name: **Bayfield**

Address of Property: **Therion O'Connor & DeMaris Bruntor**
32420 Star Route
 Property Owner's Mailing Address: **PO. Box 192**

City, State: **BAYFIELD, WI** Zip Code: **54814** Phone Number: **715-779-3307**

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose)
 1 or 2 Family Dwelling - No. of Bedrooms: **2**

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)
 A) New Replacement County Private Interceptor
 B) A Sanitary Permit was previously issued. **Previous Permit Number: 08-165** Date Issued: **10-14-08**

C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

1. Reconnection 2. Repair 3. Revision ** Transfer of Owner (List Previous Owner below)

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
 Septic Tank Lift Pump Tank / Siphon Chamber

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)
		Total Gallons	# of Tanks				
300	429	1,000	1	0.7	—	95.0	97.5
VI. TANK INFORMATION:							
Septic Tank or Holding Tank	Capacity In Gallons New	Existing Tanks	Total Gallons	Manufacturer's Name	Prefab. Concrete	Site Constructed	Fiber-glass
Lift Pump Tank / Siphon Chamber	1,000	750	1,000	Wieser	X		
	750	750	1	11	X		

VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / **DENNIS L. BACHAND** (Print) Plumber's / Owner's Signature: (No Stamps) **Dennis L. Bachand** MP/SPRSW-No: **221446**

Plumber's Address: **PO. Box 56, Washburn, WI 54897** Zip Code) Home Phone: **715-373-2070** Business Phone: **715-373-2070**

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: \$50	Date Issued: 10/6/09	Issued Agent's Signature / Date: [Signature] 8-10-109
--	--------------------------------------	---	-----------------------------	--

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

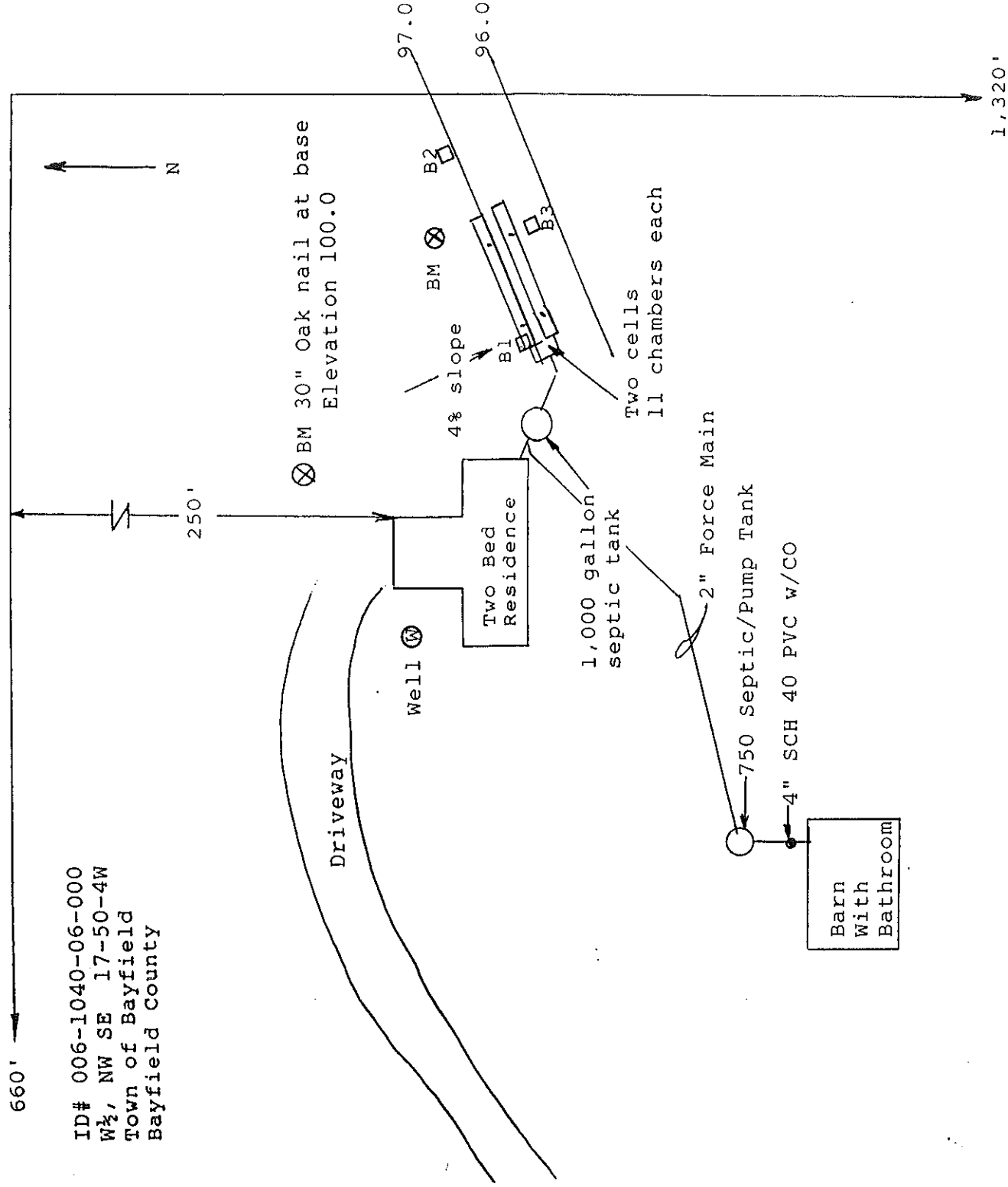
Rec'd for Issuance
OCT 2 2009
Secretarial Staff
 Plot Plan on reverse side



BACHAND PLUMBING & HEATING

P. O. BOX 56
WASHBURN, WISCONSIN 54891
(715)373-2070

PLOT PLAN
SCALE 1" = 40'



ID# 006-1040-06-000
W $\frac{1}{2}$, NW SE 17-50-4W
Town of Bayfield
Bayfield County