

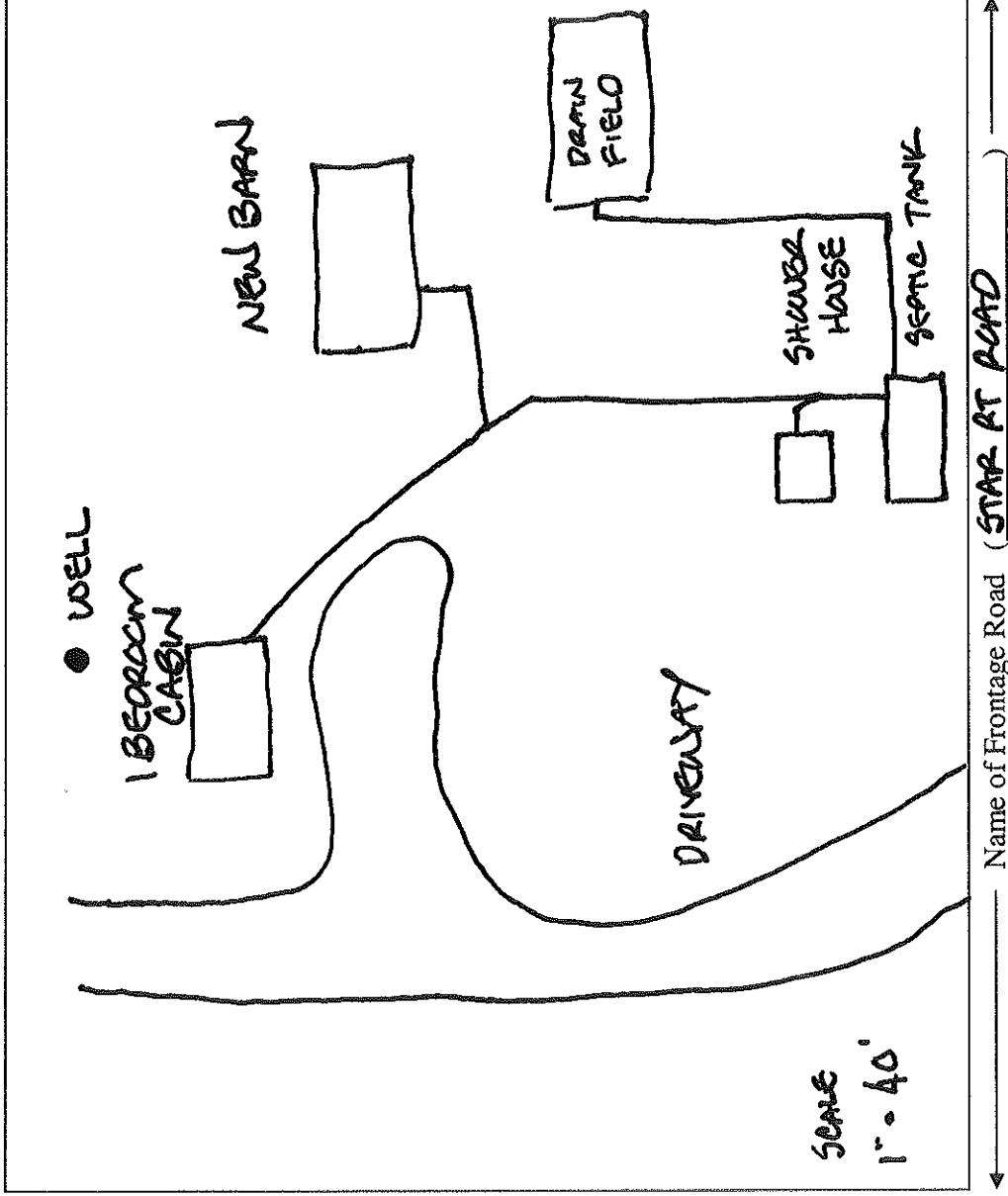
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)		County Permit No: <u>09-0537</u>
Property Owner's Name BRUCE DEBAUF		Bayfield
Address of Property STAR AT RD BAYFIELD, WI 3422 E FIRST ST		Property Location: <u>1/4 SE 1/4, S 1/4, SE 1/4, SW 1/4 SE 1/4</u>
City, State DULUTH, MN		Property Location: <u>1/4, S 1/4 T 50 N, R 1 E (or W)</u>
Zip Code 55804		Township BAYFIELD
Phone Number		Gov. Lot #:
II. TYPE OF BUILDING: (Check One)		
<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 _____		
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)		
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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 checked="" type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: 5642 Date Issued: <u>1980</u>		
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above		
C) <input 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.)
Capacity In Gallons		4. Loading Rate (Gals. / Day / Sq. Ft.)
New Tanks	Existing Tanks	5. Perc. Rate (Min. Inch)
Total Gallons		6. System Elev. (Feet)
# of Tanks		7. Final Grade Elev. (Feet)
Manufacturer's Name		Fiber-glass
Site Constructed		Steel
Septic Tank or Holding Tank		Exper. App.
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) RICHARD R WISZALEK		Plumber's / Owner's Signature: (No Stamps) <u>MP/MPRSW No:</u>
Home Phone: 90845 OLD CITY K BAYFIELD, WI		Business Phone: 7157795081
VIII. COUNTY / DEPARTMENT USE ONLY		
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$50</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination	<input type="checkbox"/> Date Issued: <u>11/5/09</u>	Issuing Agent's Signature / Date: <u>[Signature]</u>
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:		

Rec'd for Issuance
NOV 5, 2009

Secretariat Staff

Lot Line



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:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond
 - o. Well to building

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

CG-252
554
CF-30