

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

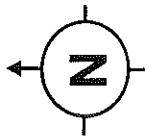
I. APPLICATION INFORMATION <small>(Please Print All Information)</small>		Soil Test No. <u>91-891V</u>	County Permit No. <u>09-2555</u>
Property Owner's Name <u>SANDRA L. FAYE</u>		County <u>Bayfield</u>	
Address of Property <u>87550 HAPPY HOLLOW RD</u>		Property Location: <u>conting Dept.</u>	
Property Owner's Mailing Address <u>11</u>		<u>NW 1/4 NE 1/4 S 5 T 50 N, R 5</u> (or) W	Gov. Lot #: <u>5</u>
City, State <u>BAYFIELD, WI</u>	Zip Code <u>54814</u>	Phone Number <u>715-779-3118</u>	Subdivision Name or CSM #: <u></u>
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 <u>3</u>			
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 type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>09-835</u> Date Issued: <u>8-12-09</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.)	4. Loading Rate (Gals. / Day / Sq. Ft.)
			5. Perc. Rate (Min. Inch)
			6. System Elev. (Feet)
			7. Final Grade Elev. (Feet)
VI. TANK INFORMATION:		Capacity In Gallons	Exp. App.
Septic Tank or Holding Tank	New Tanks	Existing Tanks	Fiber-glass
Lift Pump Tank / Siphon Chamber			Steel
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)	Plumber's / Owner's Signature: (No Stamps)	MP/MPRSW No:	
<u>ED WROBLEWSKI</u>	<u>[Signature]</u>	<u>8718</u>	
Plumber's Address: (Street, City State, Zip Code)	Home Phone:	Business Phone:	
<u>1210 5TH AVE W; WASHBURN, WI 54891</u>	<u>[Signature]</u>	<u>715-373-5808</u>	
VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	Sanitary Permit/Transfer Fee: <u>\$50</u>	Date Issued: <u>11/20/09</u>	Issuing Agent's Signature / Date: <u>[Signature] 11/18/09</u>
<input type="checkbox"/> Disapproved			
<input type="checkbox"/> Owner Given Initial Adverse Determination			
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:			

Rec'd for Issuance

NOV 18, 2009

Secretarial Staff for Plan on reverse side

HOLDING TANK SITE PLAN



Project: Sandra L. Faye

Legal Description: NW 1/4 of NE 1/4 Section 05, Town 50 N, Range 05 W

Subdivision Name:

Scale: 1: Parcel ID: 04-006-2-50-05-05-1 03-000-1000 Lot No.:

