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Bayfield Co. Zoning Dept.

ENTERED

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

$50.00

Zoning District L1
Lakes Class —

I. APPLICATION INFORMATION (Please Print All Information)

Soil Test No:

County Permit No: 13-0242

County: **Bayfield**

Property Owner's Name: PETER ROTHE & GAIL AMUNDSON

Address of Property: 89335 W. ROMAN'S PT RD HERBSTER 54844

Property Location: ¼ ¼, S 29 T 51 N, R 6 E (or W)

Property Owner's Mailing Address: 665 FAIRMOUNT AVE ST. PAUL, MN 55105

City, State | Zip Code | Phone Number

Township: BELL

Gov. Lot #: 5

Lot #: 1

Block #:

Subdivision Name or CSM #: 1437

Parcel ID Tax Number(s): 04-010-2-51-06-29-405-005-5000

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

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

B) ☒ A Sanitary Permit was previously issued. ***Previous Permit Number***: 69880 Date Issued: 12-30-85

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) ☐ Pit Privy ☐ Vault Privy (Vault size: ____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:

	Capacity In Gallons: New Tanks	Capacity In Gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
Septic Tank or Holding Tank		800	800	1		X					
Lift Pump Tank / Siphon Chamber		800	800	1		X					

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) WAYNE LINTNER - LIVING WATER PLMBG.

Plumber's / **Owner's** Signature: (No Stamps) Wayne Lintner

MP/MPRSW No: 71350

Plumber's Address: (Street, City State, Zip Code) 11108 N GORUD RD. HAYWARD, WI 54843

Home Phone:

Business Phone: 715-634-8057

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination

Sanitary Permit/Transfer Fee: $50

Date Issued: 8-14-13

Issuing Agent's Signature / Date:

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

BUILDING SEWER SHALL BE INSTALLED PER CODE INCLUDING FROST PROTECTION.

Plot Plan on reverse side

DAVID J. PALM
HCR BX E75 HERBSTER
WI. 54844
GOV. LT. 5 - LOT 1 IN
SEC. 29 T51N R6W

BY - ART FR
MP#6595 10-
Art Freund

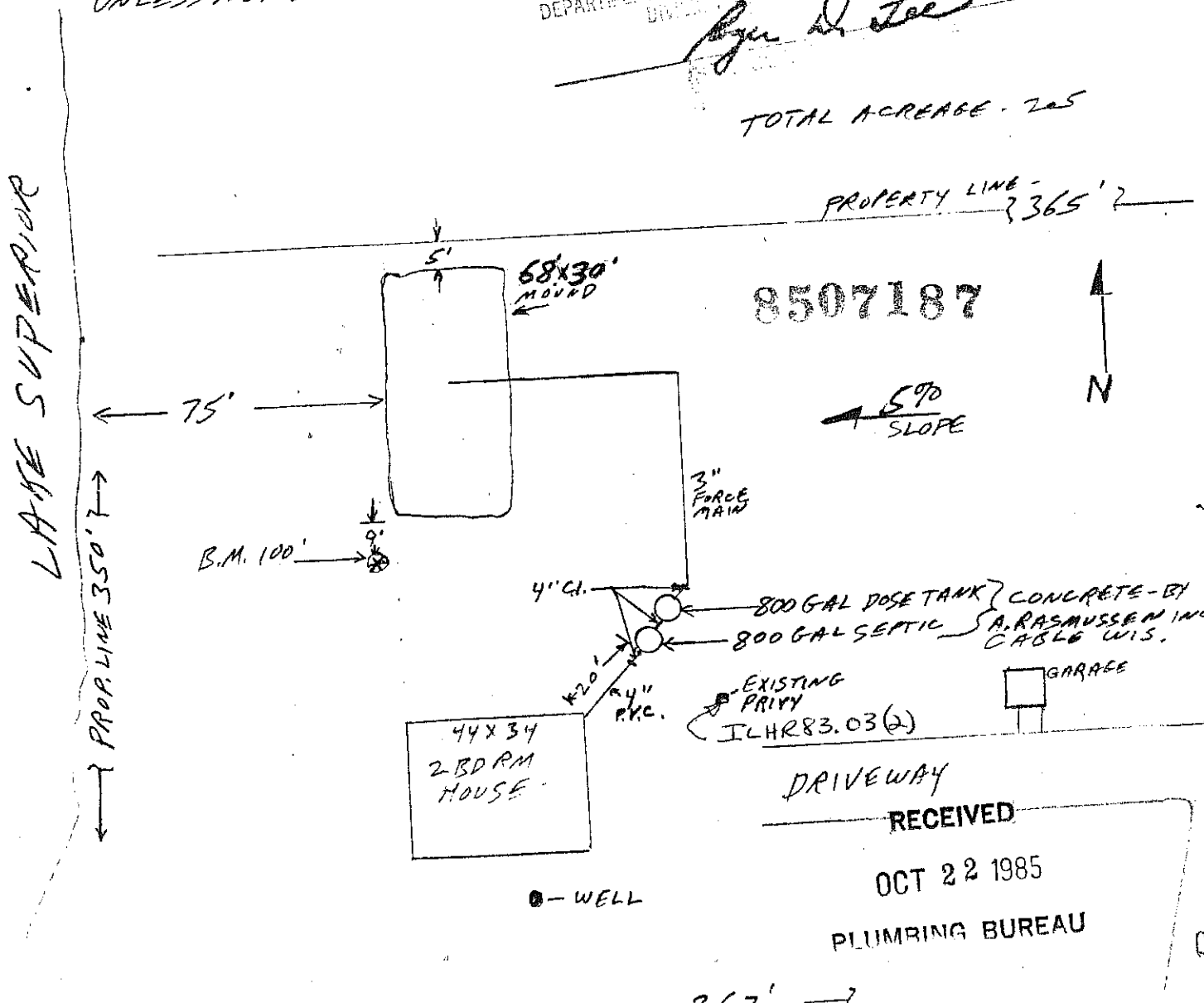
PLOT PLAN

⊛ V.R.P. + H.R.P. BENCHMARK
SPIKE IN BIRCH TREE

SCALE 1" = 40 FT.
UNLESS NOTED.

PLUMBING
Conditionally
DEPARTMENT OF ... LATIONS
DIVISION ...
Roger D. Lee

TOTAL ACREAGE - 205



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