ENTERED

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)

Soil Test No:

County Permit No: 12-0238

Property Owner's Name: Bob Jacobs

County: **Bayfield**

Address of Property: 19795 S. Sweden Rd

Property Location: NW NE¼ SE ¼, S 30 T 45 N, R 6 ~~E~~ (or) W

Property Owner's Mailing Address: 1095 North Street

Township: Grand View

Gov. Lot #:

City, State: Hanover IN | Zip Code: 46767 | Phone Number: 574-838-9779

Lot #: | Block #: | Subdivision Name or CSM #:

II. TYPE OF BUILDING: (Check One)

- ☐ State Owned
- ☐ Public (Explain the use/purpose _____)
- ☒ 1 or 2 Family Dwelling - No. of Bedrooms 1

Parcel ID Tax Number(s): 04-021-2-45-06-30-4 01-000-30000

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***: 404321 Date Issued: 6/18/03

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)
300	750	777.5	.4		96.5	98.85

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		750	750	1	Wieser	X					
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) Doug Manilley

Plumber's / **Owner's** Signature: (No Stamps) [signature]

MP/MPRSW No: 230722

Plumber's Address: (Street, City State, Zip Code) 48660 US Hwy 63 Drummond WI 54832

Home Phone: 715-739-6255

Business Phone: Same

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: $50.00 RDS 7/9/12	Date Issued: 7-12-12	Issuing Agent's Signature / Date: M. Fuetak 7-11-12

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Structure may have water under pressure. (New garage will be connected to septic system.)

Plot Plan on reverse side

Rec'd for Issuance

JUL 12 2012

Secretarial Staff