

4150

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name: John Grauer County: Bayfield Co. Permit No.: 09-0588

DEC 1 / 2009
Sanitary Dept. No. 09-0588

Address of Property: 29600 Four Corners Store Rd. Property Location: SW 1/4 NE 1/4 S17 T45 N, R 05W E (or) W

Property Owner's Mailing Address: 514 Ripley Ave. Township: Lincoln Gov. Lot #: _____

City, State: East Claire, WI Zip Code: 54701 Phone Number: 715-831-0358

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: 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:** _____ Date Issued: _____

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.) _____

VI. TANK INFORMATION:

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

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) John Grauer Plumber's / Owner's Signature: (No Stamps) _____ MP/MPSRW No: _____

Plumber's Address: (Street, City State, Zip Code) 514 Ripley Ave East Claire WI (Home Phone) (715) 831-6852 Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved
 Owner Given Initial Adverse Determination

Sanitary Permit/Transfer Fee: \$150 Date Issued: 12/30/09 Issuing Agent's Signature / Date: M. Funtak 12-29-09

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

No water under pressure may enter structure. No plumbing fixtures in structures.

Rec'd for Issuance

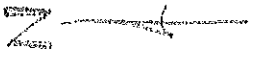
DEC 30 2009

Secretarial Staff

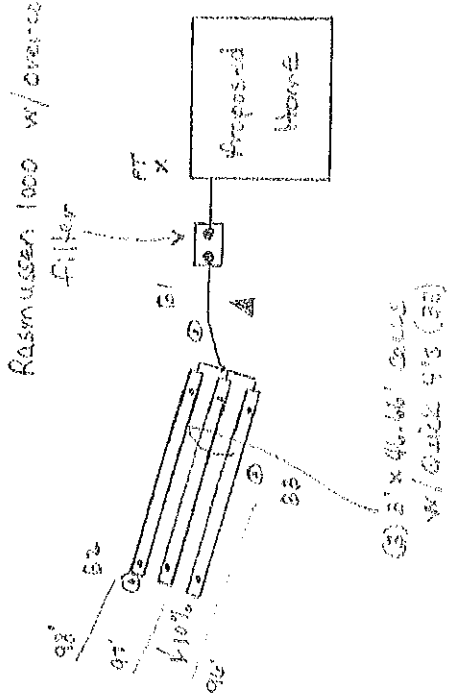
Plot Plan on reverse side

Graver # 54069
 15 165 + 1 Ave.
 NW, OK 54932
 O. 229-2675

Scale: 1" = 40'



* Rev. owner (Leak Test unrec)
 Eleanor Williams



30' from formal
 55695 Four Corners
 Store Rd
 SW, NE, S14, T45N, R5W
 Town of Lincoln
 Bayfield Co., WI
 Parcel # 220-1028-02-000

* Note: Run for cells to
 be cut due to depth
 of cells.

▲ 8m = 100' 2 Nail in vicinorad
 Maple Tree (± 2' N. End. Level)

Elevations:

B1 = 97.7'
 B2 = 97.7'
 B3 = 96.1'

System = 87.6'

Proposed End. Level @ NW Corner of Home = 98'

Eleanor Williams
 MP # 220173
 2/23/07

P.O.W.T.S.
 Conditionally
APPROVED
 BAYFIELD COUNTY
Colleen 2/26/07
 COMMENTS

4 Corners Store Rd.