

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District _____
Lakes Class _____

<b>I. APPLICATION INFORMATION</b> <small>(Please Print All Information)</small>	Soil Test No: _____	County Permit No: _____
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Property Owner's Name: _____	County: <b>Bayfield</b>
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Address of Property: _____	Property Location: ¼          ¼, S          T          N, R          E (or) W
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Property Owner's Mailing Address: _____	Township: _____	Gov. Lot #: _____
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City, State	Zip Code	Phone Number	Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name
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<b>II. TYPE OF BUILDING: (Check One)</b> <input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____	Tax ID#: _____
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**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 type="checkbox"/> County Private Interceptor
	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Repair	<input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner ( <b>List Previous Owner below</b> ) _____
B)	<input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____		

**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	<input type="checkbox"/> Camping Transfer Unit Container <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)
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VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank											
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.

<b>Owner's Name(s):</b> (Print) <i>If applying for Section C above</i> _____	<b>Owner's Signature(s):</b> (No Stamps) _____
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<b>Plumber's Name:</b> (Print) <i>If applying for Section A or B above</i> _____	<b>Plumber's Signature:</b> (No Stamps) _____	<b>MP/MPRSW No:</b> _____
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<b>Plumber's Address:</b> (Street, City State, Zip Code) _____	<b>Home Phone:</b> _____	<b>Business Phone:</b> _____
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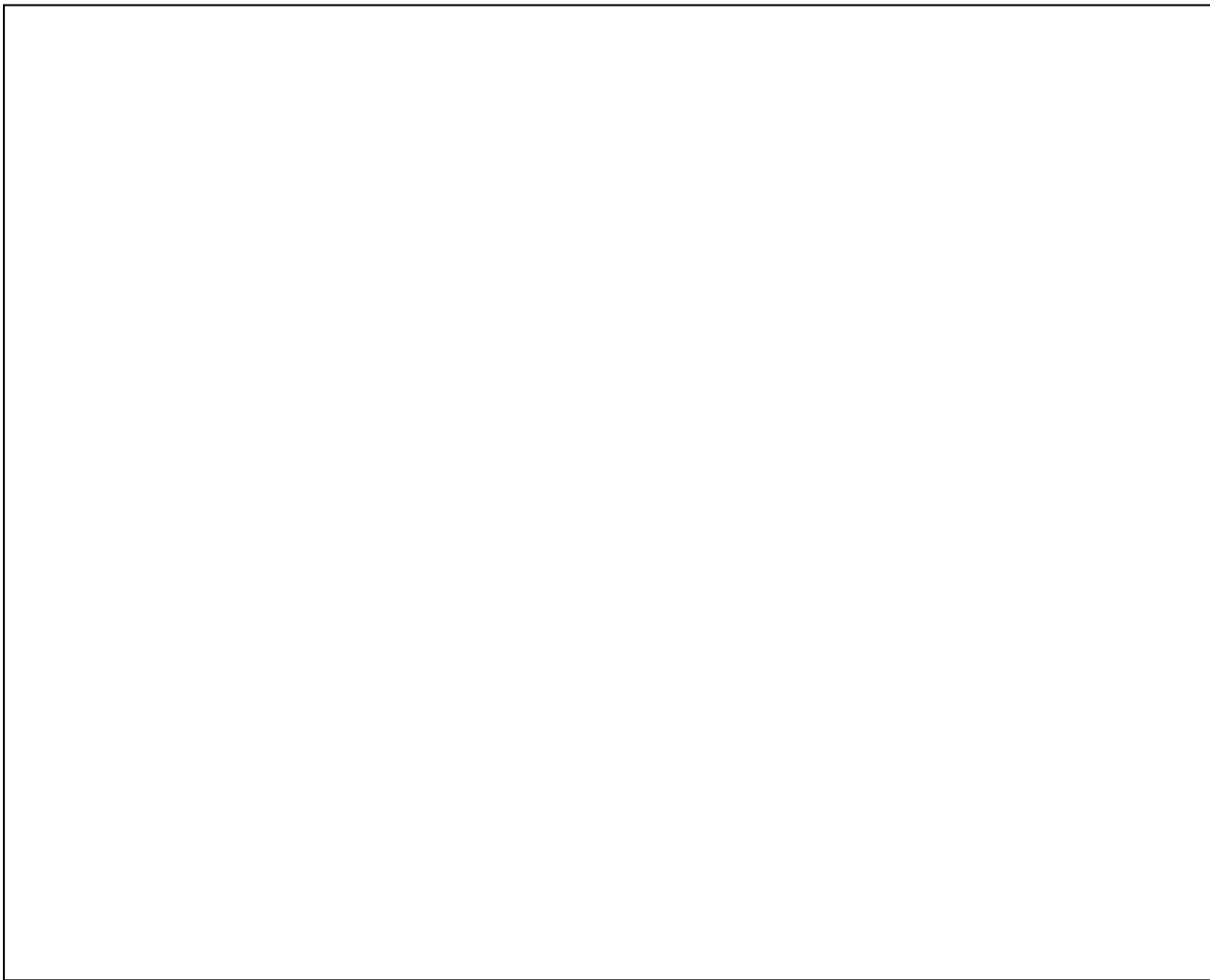
**VIII. COUNTY / DEPARTMENT USE ONLY**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: _____	Date Issued: _____	Issuing Agent's Signature / Date: _____
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**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**

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Lot Line



← Name of Frontage Road ( \_\_\_\_\_ ) →

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:

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

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

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891