



WATER QUALITY

LARGE UNDERGROUND WASTEWATER SYSTEM OPERATING PERMIT

ANNUAL INSPECTION REPORT FORM

(Per Rule R317-5-1.4)

Due August 1, 2016 (Reporting Year July 1, 2015- June 30, 2016)

NAME OF SYSTEM: _____

ADDRESS OF SYSTEM (with County): _____

OWNER NAME _____ ADDRESS _____ PHONE NO. _____

1. CHANGES TO THE SYSTEM: Check any changes to the system components made during the Reporting Year

(Note- if no change was made, leave blank):

- Septic Tank; Enhanced Treatment Unit; Grease Trap; Pump Tank with Floats; Control Panel; Distribution Box; Pressure Distribution; Drip Irrigation; Trenches; Deep Trench; Bed; Mound; Other (describe); Design Flow; Number and Type of Connections

2. FLOW OF WASTEWATER : _____ gpd (average) Obtained by: Flow meter; Pump Event Control Panel; Estimate; Other (describe)

3. INSPECTIONS MADE TO THE SYSTEM:

Table with 4 columns: Measure and record depth of sludge/ scum levels, pump when necessary; Inspect and clean when necessary, with date performed; Flush/ clean pressure laterals, measurement of height; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure- and date inspected; Manufacturers Recommendations

4. DATE: _____ FINDINGS: _____

5. PACKED BED MEDIA SYSTEM ONLY (if system is not a packed bed, leave blank): DATE OF SAMPLE: _____ RESULTS: _____ COD; _____ TSS; _____ TIN

5. OTHER: NOTABLE OBSERVATIONS/ COMMENTS (Tank(s) need pumping, pumped, etc.)

6. NAME OF PERSON PERFORMING MAINTENANCE/ INSPECTIONS: _____ CERTIFIED : LEVEL 2; LEVEL 3

7. NAME AND SIGNATURE OF PERSON COMPLETING THIS REPORT (Note- by signing this document, you verify that the information in this report is true and accurate to the best of your knowledge.)

Print Name Signature Date

Due August 1, 2016 (Reporting Year July 1, 2015- June 30, 2016)

Mail Reports to: _____ or Email completed form to: LUWDS@utah.gov

Division of Water Quality c/o Engineering Section P O Box 144870 Salt Lake City, UT 84114-4870

Office: 801-536-4347 Fax: 801-536-4301