



# LARGE UNDERGROUND WASTEWATER SYSTEM

## OPERATING PERMIT RENEWAL APPLICATION

(Per Rule R317-5-1.4)  
Division of Water Quality

NAME OF SYSTEM: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

LOCATION OF SYSTEM: \_\_\_\_\_

City: \_\_\_\_\_ State: UT Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

1. WERE THERE ANY CHANGES TO THE SYSTEM?  Yes  No If "Yes," describe on separate page

2. VERIFY TYPE OF SYSTEM:

- |  |   |
|--|---|
| <input type="checkbox"/> Conventional Gravity              | <input type="checkbox"/> Pressure Distribution        |
| <input type="checkbox"/> Conventional with Pump-to-Gravity | <input type="checkbox"/> Alternative (describe) _____ |

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) \_\_\_\_\_

4. VERIFY THE COMPONENTS OF SYSTEM: (Check all that apply)

Describe

<input type="checkbox"/> Septic Tanks	
<input type="checkbox"/> Treatment Unit	
<input type="checkbox"/> Grease Trap	
<input type="checkbox"/> Pump Tank with Floats	
<input type="checkbox"/> Control Panel	
<input type="checkbox"/> Distribution Box	
<input type="checkbox"/> Pressure Distribution	
<input type="checkbox"/> Drip Irrigation	
<input type="checkbox"/> Trenches	
<input type="checkbox"/> Deep Trench	
<input type="checkbox"/> Other	
Drainfield Media:	<input type="checkbox"/> Gravel <input type="checkbox"/> Gravelless

Signature: \_\_\_\_\_ Date: \_\_\_\_\_