NAME OF SYSTEM: GRAND STAIRCASE INN

CONTACT PERSON/MAILING ADDRESS/PHONE NO: Carlton Johnson 105 N. Kodachrome Dr.
Cannonville UT 84718 435-679-8400

SYSTEM LOCATION:


ISSUED BY: Walter L. Baker, P.E., Director, Division of Water Quality

Until such time as this permit expires or is modified or revoked, the permittee is authorized to operate a large underground wastewater disposal system in conformance with all the requirements, limitations, and conditions set forth in Utah Administrative Code R317-5, with the attached schedules as follows:

**SCHEDULE A**

**Waste Disposal Limitations:**

1. The permittee is authorized to operate and maintain a large underground wastewater disposal system that has been constructed in accordance with plans and specifications approved by the Division of Water Quality and with the following conditions:
   a. System type
      - Conventional Gravity;
      - Conventional with Pump-to-Gravity;
      - Pressure Distribution;
      - Alternative (describe)
   b. Maximum Daily Design Flow of >5,000 gpd
   c. Components of wastewater disposal system (check)
      - Recirculating Tank
      - Grease Trap
      - Pump Tank With Floats
      - Control Panel
      - Trenches
      - Deep Trench
      - Bed
      - Other (describe) No
      - Septic Tanks; two 2,500 gal
      - Distribution Box
      - Pressure Distribution
      - Driprigation
      - Enhanced Trip Unit
      - Ratcheting Valve Box
      - Mound
      - Drainfield media
      - Gravel
      - Gravelless Chambers
   d. Effluent parameters will meet R317-4 for domestic wastewater or additional treatment may be required.

2. Discharge of untreated or partially treated sewage or septic tank effluent directly or indirectly onto the ground surface or the surface waters of the state constitutes a public health hazard and is prohibited. This permit does not relieve the permittee from responsibility for compliance with any other applicable federal, state, or local law(s), rule(s) or standard(s).

3. No cooling water, air conditioner water, ground water, oil, hazardous materials, roof drainage, storm water runoff, or other aqueous or non-aqueous substance which is, in the judgment of the Division, detrimental to the performance of the

4. No activities shall be conducted that could cause an adverse impact on existing or potential beneficial use of groundwater.

**SCHEDULE B**

**Required Servicing and Inspections**

1. ✔ Annually  ☐ Semi-Annually (every 6 months)  ☐ Other (specify)

2. All servicing and inspections must be conducted by a certified maintenance person per R317-11. Level 2 is required for conventional systems and level 3 for all other LUWDS.

Name of person performing maintenance on this system:

- ✔ Level 2  ☐ Level 3  Note: if this person is replaced with another maintenance person, the owner must notify the Division within 30 days of change.
3. If Sample results exceed Operating Parameters (other than Flow of wastewater) in table titled "Minimum Monitoring and Reporting Requirements", report to the Division within 5 days and follow rules in R317-5.1.4 (F).

**Inspection Components**

<table>
<thead>
<tr>
<th>TYPE OF SYSTEM</th>
<th>Measure sludge/scum levels, pump when necessary:</th>
<th>Inspect and clean when necessary</th>
<th>Flush/clean pressure laterals; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure</th>
<th>Manufacturers Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Gravity or Pump-to-Gravity</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pressure System (Drip)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mound, At-Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packed Bed</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Or more per manufacturer requirements

**Minimum Frequency of Periodic Inspections**

<table>
<thead>
<tr>
<th>TYPE OF SYSTEM</th>
<th>Every 12 months</th>
<th>Every 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Gravity or Pump-to-Gravity 5,000 - 15,000 gal/day</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>15,000 + gal/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-Grade Alternative System (first 5 years only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mound (drip, pressure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packed Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment System (to lower waste strength levels)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monitoring and Reporting Requirements**

<table>
<thead>
<tr>
<th>Item or Parameter</th>
<th>Minimum Frequency</th>
<th>Type of Sample</th>
<th>Operating Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow of wastewater (gpd)</td>
<td>Monthly</td>
<td>Measurement based on meter readings</td>
<td>Approved design flow (gpd)</td>
</tr>
<tr>
<td>COD, TSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Inorganic Nitrogen (TIN)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reporting**

Monitoring, maintenance practices, solids handling and results shall be reported on Division approved forms and must be submitted by **August 1**, following the "reporting year" period of **July 1 to June 30**.

Mail or email Reports to (permitting agency): Division of Water Quality, c/o LUWDS, PO Box 144870, Salt Lake City, UT 84114-4870

Office: 801-536-4329 Fax: 801-536-4301 email: LUWDS@utah.gov

**SCHEDULE C**

**Special and General Conditions**

1. All septage/sludge shall be managed by a licensed sewage scavenger (pumper) as defined in R317-550.
2. Any observations of excessive kitchen wastes, surfacing sewage, etc., must be report to the Division within 5 working days.
3. The permittee must maintain all treatment and control facilities in good working order and in conformance with permit requirements.
NAME OF SYSTEM: Grandstaircase Inn
OWNER NAME: Carson D Johnson
CONTACT NAME: Carson D Johnson
CONTACT ADDRESS: 105 N. Kodachrome

LOCATION OF SYSTEM: 105 N. Kodachrome

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

2. VERIFY TYPE OF SYSTEM:
   ☒ Conventional Gravity □ Conventional with Pump-to-Gravity □ Pressure Distribution □ Alternative (describe) __________________________

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) 75,000

4. VERIFY THE COMPONENTS OF SYSTEM:

   ☒ Septic Tanks
   ☒ Treatment Unit
   ☒ Grease Trap
   ☒ Pump Tank with Floats
   ☒ Control Panel
   □ Distribution Box
   □ Pressure Distribution
   □ Drip Irrigation
   □ Trenches
   ☒ Deep Trench
   □ Other

   Drainfield Media: ☒ Gravel □ Graveless

   Describe 2 - 2500 gal

   Document Date 9/11/2014
   DWQ-2014-011820

Signature: Carson D Johnson Date: 9-9-14