



**LARGE UNDERGROUND WASTEWATER OPERATING PERMIT**  
*Division of Water Quality*

**NAME OF SYSTEM: BORDER INN MOTEL & CASINO**

**CONTACT PERSON/MAILING ADDRESS/PHONE NO:** Gary Perea PO Box 30  
 Baker NV 98311 775-234-7300

**SYSTEM LOCATION:** Across the state line from Hwy 6 & 50, Baker, Nevada, Garris

**ISSUE DATE:** 02/25/2015 **EXPIRATION DATE:** 02/25/2020

**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 **11,577 gpd** \_\_\_\_\_  
**Restaurant, 29 unit motel, 25 spots RV park, laundromat and 2 single family residences**
  - c. Components of wastewater disposal system (check)
 

|  |  |
|--|--|
| <input type="checkbox"/> Recirculating Tank _____                      | <input checked="" type="checkbox"/> Septic Tanks; 13,284 gal _____ |
| <input type="checkbox"/> GreaseTrap _____                              | <input type="checkbox"/> Distribution Box _____                    |
| <input type="checkbox"/> PumpTankWithFloats _____                      | <input type="checkbox"/> Pressure Distribution _____               |
| <input type="checkbox"/> Control Panel _____                           | <input type="checkbox"/> Drip Irrigation _____                     |
| <input checked="" type="checkbox"/> Trenches 20 x 90 ft trenches _____ | <input type="checkbox"/> Enhanced Trt Unit _____                   |
| <input type="checkbox"/> DeepTrench _____                              | <input type="checkbox"/> Ratcheting Valve Box _____                |
| <input type="checkbox"/> Bed _____                                     | <input type="checkbox"/> Mound _____                               |
| <input type="checkbox"/> Other (describe) No _____                     |  |
  - d. Drainfield media  Gravel;  Gravelless Chambers \_\_\_\_\_
  - e. 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 thsi system:/ \_\_\_\_\_  
 Level 2  Level 3 *Note: if this person is replaced with another maintenance person, the owner must notify the Division within 30 day of change.*

- 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**

| TYPE OF SYSTEM                          | Measure sludge/scum levels, pump when necessary:<br>* Septic Tank<br>* Pump Tank<br>* Grease Trap | Inspect and clean when necessary<br>* Pump/Floats<br>* Control Panel<br>* Pump Filter | Flush/clean pressure laterals; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure | Manufacturers Recommendations:<br>* Recirc Tank<br>* Pre-Treatment Unit<br>* Misc |
|---|---|---|---|---|
| Conventional Gravity or Pump-to-Gravity | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>  |
| Pressure System (Drip)                  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Mound, At-Grade                         | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Packed Bed                              | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

\* Or more per manufacturer requirements

**Minimum Frequency of Periodic Inspections**

| TYPE OF SYSTEM  | Every 12 months                     | Every 6 months           |
|---|-------------------------------------|--------------------------|
| Conventional Gravity or Pump-to-Gravity<br>5,000 - 15,000 gal/day | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15,000 + gal/day  | <input type="checkbox"/>            | <input type="checkbox"/> |
| At-Grade Alternative System (first 5 years only)                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Mound (drip, pressure)  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Packed Bed  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Treatment System (to lower waste strength levels)                 | <input type="checkbox"/>            | <input type="checkbox"/> |

**Monitoring and Reporting Requirements**

| Item or Parameter | Minimum Frequency | Type of Sample | Operating Parameters |
|-------------------|-------------------|----------------|----------------------|
|                   |                   |                |                      |
|                   |                   |                |                      |
|                   |                   |                |                      |
|                   |                   |                |                      |

**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**

- All septage/sludge shall be managed by a licensed sewage scavenger (pumper) as defined in R317-550.
- Any observations of excessive kitchen wastes, surfacing sewage, etc., must be report to the Division within 5 working days
- The permittee must maintain all treatment and control facilities in good working order and in conformance with permit requirements.