



# LARGE UNDERGROUND WASTEWATER OPERATING PERMIT

## Division of Water Quality

**NAME OF SYSTEM:** SCOFIELD TOWN

**CONTACT PERSON/MAILING ADDRESS/PHONE NO:** Mike Erkkila Mayor HC 35 Box 560  
Scofield UT 84526 4354486407

**SYSTEM LOCATION:** Scofield Town and, Pleasant Valley, Carbon County

**ISSUE DATE:** 01/11/2015 **EXPIRATION DATE:** 01/11/2020

**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
 

<input type="checkbox"/>	Conventional Gravity;	_____
<input checked="" type="checkbox"/>	Conventional with Pump-to-Gravity;	_____
<input type="checkbox"/>	Pressure Distribution;	_____
<input type="checkbox"/>	Alternative (describe)	_____
  - b. Maximum Daily Design Flow of **30,000 gpd**  
**UDOT, Finns Inn, LDS Church, Lazy Anchor, Snack & Pack, Gorishek Mountain Tavern, Lodestart Energy/Blueridge, B&L Investments and 91 residential connections**
  - c. Components of wastewater disposal system (check)
 

<input type="checkbox"/>	Recirculating Tank	_____	<input checked="" type="checkbox"/>	Septic Tanks;	30,000 gpf
<input type="checkbox"/>	Grease Trap	_____	<input checked="" type="checkbox"/>	Distribution Box	_____
<input checked="" type="checkbox"/>	Pump Tank With Floats	Two grinder pumps (7,000 gals)	<input type="checkbox"/>	Pressure Distribution	_____
<input type="checkbox"/>	Control Panel	_____	<input type="checkbox"/>	Drip Irrigation	_____
<input type="checkbox"/>	Trenches	_____	<input type="checkbox"/>	Enhanced Trt Unit	_____
<input checked="" type="checkbox"/>	Deep Trench	_____	<input type="checkbox"/>	Ratcheting Valve Box	_____
<input type="checkbox"/>	Bed	_____	<input type="checkbox"/>	Mound	_____
<input checked="" type="checkbox"/>	Other (describe)	4-separate drainfields			
  - d. Drainfield media
 

<input checked="" type="checkbox"/>	Gravel;	<input type="checkbox"/>	Gravelless Chambers	_____
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  - 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 this 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.*

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**

TYPE OF SYSTEM	Measure sludge/scum levels, pump when necessary: * Septic Tank * Pump Tank * Grease Trap	Inspect and clean when necessary * Pump/Floats * Control Panel * Pump Filter	Flush/clean pressure laterals; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure	Manufacturers Recommendations: * Recirc Tank * Pre-Treatment Unit * Misc
Conventional Gravity or Pump-to-Gravity	<input checked="" type="checkbox"/>	<input checked="" 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 5,000 - 15,000 gal/day	<input type="checkbox"/>	<input type="checkbox"/>
15,000 + gal/day	<input type="checkbox"/>	<input checked="" 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
Flow of wastewater (gpd)	Monthly	Measurement based on meter readings	Approved design flow (gpd)
COD, TSS			
Total Inorganic Nitrogen (TIN)			

**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.