



LARGE UNDERGROUND WASTEWATER OPERATING PERMIT
Division of Water Quality

NAME OF SYSTEM: **BRYCE VALLEY KOA - CANNONVILLE**

CONTACT PERSON/MAILING ADDRESS/PHONE NO: **John Burke Hoodoo Outdoor Hospitality PO Box 66
Tropic UT 84776 888-562-4710**

SYSTEM LOCATION: **190 Red Rock Rd Hwy 12, Cannonville, Garfield County**

ISSUE DATE: **10/29/2014**

EXPIRATION DATE: **10/29/2019**

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 **10,875 gpd** _____
 - c. Components of wastewater disposal system (check)

| | |
|--|---|
| <input type="checkbox"/> Recirculating Tank _____ | <input checked="" type="checkbox"/> Septic Tanks; _____ |
| <input type="checkbox"/> Grease Trap _____ | <input type="checkbox"/> Distribution Box _____ |
| <input checked="" type="checkbox"/> Pump Tank With Floats _____ | <input checked="" type="checkbox"/> Pressure Distribution _____ |
| <input checked="" type="checkbox"/> Control Panel _____ | <input type="checkbox"/> Drip Irrigation _____ |
| <input checked="" type="checkbox"/> Trenches _____ | <input type="checkbox"/> Enhanced Trt Unit _____ |
| <input type="checkbox"/> Deep Trench _____ | <input type="checkbox"/> Ratcheting Valve Box _____ |
| <input type="checkbox"/> Bed _____ | <input type="checkbox"/> Mound _____ |
| <input checked="" type="checkbox"/> Other (describe) <u>Has two full-sized drainfields, 2 pumps in tank alternate to separate fields</u> | |
 - 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 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.*

- 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure System (Drip) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> |
| At-Grade Alternative System (first 5 years only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Mound (drip, pressure) | <input type="checkbox"/> | <input checked="" 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

- 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.