



LARGE UNDERGROUND WASTEWATER OPERATING PERMIT
Division of Water Quality

FILE COPY

NAME OF SYSTEM: MENDON ELEMENTARY SCHOOL

CONTACT PERSON/MAILING ADDRESS/PHONE NO: Bruce Parker Cache County School District 2063 N 1200 E
 Logan UT 84341 4357523925

SYSTEM LOCATION: Cache Valley School Dist., Mendon, Cache 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 **4,865 gpd** _____

c. Components of wastewater disposal system (check)

- | | |
|---|---|
| <input type="checkbox"/> Recirculating Tank _____ | <input checked="" type="checkbox"/> Septic Tanks; _____ |
| <input checked="" 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 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 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.*

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DWQ-2014-012722

MENDON ELEMENTARY SCHOOL OPERATING PERMIT

- 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 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 checked="" 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	As Needed	Grab	Within domestic waste limits
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

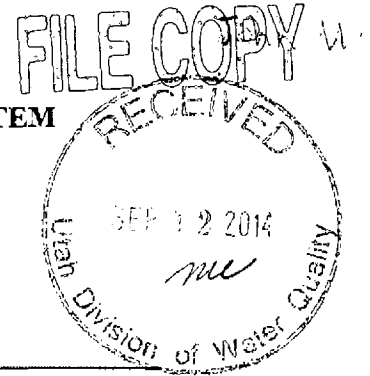
Special and General Conditions

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.



LARGE UNDERGROUND WASTEWATER SYSTEM

OPERATING PERMIT RENEWAL APPLICATION (Per Rule R317-5-1.4) Division of Water Quality



NAME OF SYSTEM: Mendon (Mountainside) Elementary School
OWNER NAME: Cache County School District
Phone: (435) 752-3925 email: bruce.parker@ccsdut.org
CONTACT NAME: Bruce Parker
Phone: (435) 752-3925 email: bruce.parker@ccsdut.org
CONTACT ADDRESS: 2063 North 1200 East
City: North Logan State: UT Zip Code: 84341
County: Cache
LOCATION OF SYSTEM: 235 East 125 North
City: Mendon State: UT Zip Code: 84325
County: Cache

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

2. VERIFY TYPE OF SYSTEM:

- [] Conventional Gravity [X] Pressure Distribution
[] Conventional with Pump-to-Gravity [] Alternative (describe)

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) 4865

4. VERIFY THE COMPONENTS OF SYSTEM:

Describe

Table with 2 columns: Component (checkbox), Description. Includes items like Septic Tanks, Grease Trap, Pump Tank with Floats, Control Panel, Pressure Distribution, Trenches, etc.

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Drainfield Media: [] Gravel [X] Graveless

Signature: Bruce Parker Date: 9-10-14