



LARGE UNDERGROUND WASTEWATER OPERATING PERMIT

Division of Water Quality

NAME OF SYSTEM: **BYU ASPEN GROVE**

CONTACT PERSON/MAILING ADDRESS/PHONE NO: **Mark Longhurst UBP Aspen Grove, BYU Provo UT 84602 8015923538**

SYSTEM LOCATION: **Aspen Grove BYU, Provo, Utah County**

ISSUE DATE: **01/06/2015** EXPIRATION DATE: **01/06/2020**

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 checked="" 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 **>28,000 gpd**
#1- Total design flow 7,546(gpd). #2- Total design flow 20,732 (gpd),
Area #1 - Beckham Lodge, Arts & Crafts Restroom, Rustic Cabins and Board Cabin, Area #2 - Aspen Lodge and Sunrise Cabin, Overlook Cabin, Kitchen & Main Restroom, Family Lodges Pool, Shoeshoe and Huish
 - c. Components of wastewater disposal system (check)

<input type="checkbox"/>	RecirculatingTank	_____	<input checked="" type="checkbox"/>	Septic Tanks;	_____
<input checked="" type="checkbox"/>	GreaseTrap	_____	<input type="checkbox"/>	Distribution Box	_____
<input checked="" type="checkbox"/>	PumpTankWithFloats	_____	<input type="checkbox"/>	Pressure Distribution	_____
<input type="checkbox"/>	Control Panel	_____	<input type="checkbox"/>	Drip Irrigation	_____
<input checked="" type="checkbox"/>	Trenches	_____	<input type="checkbox"/>	Enhanced Trt Unit	_____
<input checked="" type="checkbox"/>	DeepTrench	_____	<input type="checkbox"/>	Ratcheting Valve Box	_____
<input type="checkbox"/>	Bed	_____	<input type="checkbox"/>	Mound	_____
<input type="checkbox"/>	Other (describe)	_____			
 - 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 aq ueous 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: * 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)

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.