



# LARGE UNDERGROUND WASTEWATER OPERATING PERMIT

## Division of Water Quality

NAME OF SYSTEM: **CAPITOL REEF INN & CAFÉ**

CONTACT PERSON/MAILING ADDRESS/PHONE NO: **Southey Swede Box 100  
Torrey UT 84775 435-425-3271**

SYSTEM LOCATION: **360 W. Main St, Torrey, Wayne County**

ISSUE DATE: **02/25/2015** EXPIRATION DATE: **06/05/2020**

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 **5,000 gpd**  
**5,000(gpd) 10 unit Motel, 100 seat Restaurant and Laundry room- 2 separate drainfields.**
  - c. Components of wastewater disposal system (check)
 

<input type="checkbox"/> RecirculatingTank _____	<input checked="" type="checkbox"/> Septic Tanks; Motel 2 (1,500 gal), restaurant 1 (1,500 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 type="checkbox"/> 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 checked="" type="checkbox"/> Other (describe) <u>Drainfield info unknown to owner</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 system or to groundwater, shall be discharged into the wastewater treatment system.
- 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.*

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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.