**LARGE UNDERGROUND WASTEWATER SYSTEM**

**OPERATING PERMIT**

**RENEWAL APPLICATION**

(Per Rule R317-5-1.4)

***Division of Water Quality***

**NAME OF SYSTEM:**

**OWNER NAME:**

**Phone: (****)****email:**

**CONTACT NAME:**

**Phone: (****)****email:**

**CONTACT ADDRESS:**

**City:** **State:** **Zip Code:**

**County:**

**LOCATION OF SYSTEM:**

**City:** **State:** **UT Zip Code:**

**County:**

1. **WERE THERE ANY CHANGES TO THE SYSTEM?** Yes No If "Yes," describe on separate page
2. **VERIFY TYPE OF SYSTEM:**

|  |  |
| --- | --- |
| Conventional Gravity | Pressure Distribution |
| Conventional with Pump-to-Gravity | Alternative (describe) |
|  |  |

1. **VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day)**
2. **VERIFY THE COMPONENTS OF SYSTEM: (Check all that apply)**

|  |  |  |
| --- | --- | --- |
|  | | **Describe** |
| Septic Tanks |  | |
| Treatment Unit |  | |
| Grease Trap |  | |
| Pump Tank with Floats |  | |
| Control Panel |  | |
| Distribution Box |  | |
| Pressure Distribution |  | |
| Drip Irrigation |  | |
| Trenches |  | |
| Deep Trench |  | |
| Other |  | |
|  |  | |
| Drainfield Media: | Gravel  Graveless | |

Signature:       Date: