**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: