LARGE UNDERGROUND WASTEWATER SYSTEM OPERATING PERMIT

ANNUAL INSPECTION REPORT FORM
(Per Rule R317-5-1.4)

Due August 1st (Reporting Year July 1, 2021 - June 30, 2022)

NAME OF SYSTEM: __________________________________________________________________________________________

ADDRESS OF SYSTEM (with County): __________________________________________________________________________

OWNER NAME_________________________ ADDRESS ____________________________________PHONE NO. ____________

1. CHANGES TO THE SYSTEM: Check any changes to system components made during the Reporting Year. Use an additional sheet if needed to adequately describe any changes or modifications (Note - Leave blank if no change was made):
   - Septic Tank;
   - Enhanced Treatment Unit;
   - Grease Trap;
   - Pump Tank with Floats;
   - Control Panel;
   - Distribution Box;
   - Pressure Distribution;
   - Drip Irrigation;
   - Trenches;
   - Deep Trench;
   - Bed;
   - Mound
   - Other (describe) ____________________________

   Design Flow ______________________________ gpd

   Number and Type of Connections (e.g. residential units, RV spaces, etc.)

2. FLOW OF WASTEWATER: ____________________________ gpd (average) Obtained by:
   - Flow meter;
   - Pump Event Control Panel;
   - Estimate;
   - Other (describe) _______________________________

3. INSPECTIONS MADE TO THE SYSTEM:

<table>
<thead>
<tr>
<th>Measure and record depth of sludge/ scum levels, pump when necessary:</th>
<th>Inspect and clean when necessary, with date performed:</th>
<th>Flush/ clean pressure laterals, measurement of height; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure and date inspected.</th>
<th>Follow Manufacturer Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Tank</td>
<td>Pump/Floats</td>
<td></td>
<td>Recirculation Tank</td>
</tr>
<tr>
<td>Pump Tank</td>
<td>Control Panel</td>
<td></td>
<td>Pre-Treatment Unit</td>
</tr>
<tr>
<td>Grease Trap</td>
<td>Pump Filter</td>
<td></td>
<td>Miscellaneous</td>
</tr>
</tbody>
</table>

(if tanks have been pumped prior or will be pumped, within 6 months of inspection date- no measurement is necessary)

4. DATE: _____________________ FINDINGS: _________________________________________________________________
   DATE: _____________________ FINDINGS: _________________________________________________________________
   DATE: _____________________ FINDINGS: _________________________________________________________________
   DATE: _____________________ FINDINGS: _________________________________________________________________

5. PACKED BED MEDIA SYSTEM ONLY (if system is not a packed bed, leave blank):

   DATE OF SAMPLE: _______________ RESULTS: ______ BOD5; ______ TSS; ______ Field Turbidity
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6. OTHER: NOTABLE OBSERVATIONS/ COMMENTS (Tank(s) need pumping, pumped, etc.) _________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

6. NAME OF PERSON PERFORMING MAINTENANCE/ INSPECTIONS:
   ______________________________________________________________________________________________________
   CERTIFIED: □ LEVEL 2 □ LEVEL 3

7. NAME AND SIGNATURE OF PERSON COMPLETING THIS REPORT (Note - by signing this document, you verify that the information in this report is true and accurate to the best of your knowledge.)
   ___________________________ ___________________________ ___________________________
   Print Name Signature Date

Mail Reports to: Division of Water Quality
   c/o Engineering Section
   P O Box 144870
   Salt Lake City, UT 84114-4870.
   Office: 385-501-9580

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