



WATER QUALITY

LARGE UNDERGROUND WASTEWATER SYSTEM OPERATING PERMIT

ANNUAL INSPECTION REPORT FORM

(Per Rule R317-5-1.4)

Due August 1st (Reporting Year July 1, 2019- June 30, 2020)

NAME OF SYSTEM: _____

ADDRESS OF SYSTEM (with County): _____

OWNER NAME _____ ADDRESS _____ PHONE NO. _____

1. CHANGES TO THE SYSTEM: Check any changes to the system components made during the Reporting Year

(Note- if no change was made, leave blank):

- 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; Number and Type of Connections

2. FLOW OF WASTEWATER : _____ gpd (average) Obtained by:

- Flow meter; Pump Event Control Panel; Estimate; Other (describe)

3. INSPECTIONS MADE TO THE SYSTEM:

Table with 4 columns: Measure and record depth of sludge/ scum levels, pump when necessary; Inspect and clean when necessary, with date performed; Flush/ clean pressure laterals, measurement of height; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure and date inspected; Follow Manufacturer Recommendations

4. 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

5. 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: 801-536-4380 Fax: 801-536-4301

or Email completed form to: LUWDS@utah.gov