



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, 2021 - June 30, 2022)

NAME OF SYSTEM: _____

ADDRESS OF SYSTEM (with County): _____

OWNER NAME: _____ ADDRESS: _____

TELEPHONE: (____) _____ -- _____ EMAIL ADDRESS: _____

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; 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, Inspect and clean when necessary, Flush/clean pressure laterals, 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: OR Email completed form to: LUWDS@utah.gov (PREFERRED) Division of Water Quality c/o Engineering Section P O Box 144870 Salt Lake City, UT 84114-4870. Office: 385-501-9580 Annual Inspection Report Form2022.doc 10/10/2022