LARGE UNDERGROUND WASTEWATER SYSTEM

OPERATING PERMIT
RENEWAL APPLICATION
(Per Rule R317-5-1.4)

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) _____________________

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) ________________

4. VERIFY THE COMPONENTS OF SYSTEM:

    Describe

□ Septic Tank(s) □ Grease Trap □ Pump Tank with

□ Treatment Unit(s) □ Control Panel □ Distribution Panel

□ Grease Trap □ Pressure Distribution □ Drip Irrigation

□ Pump Tank with □ Control Panel □ Distribution Box

□ Grease Trap □ Pressure Distribution □ Trenches

□ Pump Tank with □ Control Panel □ Pressure Distribution

□ Grease Trap □ Pressure Distribution □ Deep Trench

□ Grease Trap □ Pressure Distribution □ Other

□ Grease Trap □ Pressure Distribution □ Drainfield Media:

□ Gravel □ Gravelless

Signature: ___________________________ Date: _________________

Submit Annual Inspection Reports (via Email, US Mail, or Fax) to:

Phone: 801-536-4380  Fax: 801-536-4301  Email: LUWDS@utah.gov

Division of Water Quality, c/o LUWDS, PO Box 144870, Salt Lake City, UT 84114-4870