

LARGE UNDERGROUND WASTEWATER SYSTEM OPERATING PERMIT

ANNUAL INSPECTION REPORT FORM

(Per Rule R317-5-1.1)

Due August 1st (Reporting Year July 1, 2023 - June 30, 2024)

NAME OF SYSTEM:							
ADDRESS OF SYSTEM	(with County):		ADD	DECC			
UWNEK NAME:			ADD	KESS:	ECC.		
TELEPHONE: ()			EN	AIL ADDK	F99:		
1. CHANGES TO THE additional sheet if ne Septic Tank; Grease Trap; Pressure Distributi Other (describe) Design Flow Number and Type	eded to adequat Enhanced Tro Pump Tank v ion; Drip	ely describe any of eatment Unit; with Floats; Irrigation;	Cont Cont	r modification rol Panel; ches;	ions (Note - L Dist Deep Trench	ribution Bo	k if no change was made): ox; d;
2. FLOW OF WASTEY Flow meter;	WATER : Pump Event Co	ntrol Panel;	Estimat	_gpd (avera e; ☐ Oth	age) ner (describe)	Obtained	l by:
3. INSPECTIONS MA	DE TO THE SY	STEM:					
Measure and record depth of sludge/ scum levels, pump when necessary: • Septic Tank • Pump Tank • Grease Trap (if tanks have been pumped prior or will be pumped, within 6 months of inspection date- no measurement is necessary)		nspect and clean valuecessary, with date overformed: Pump/Floats Control Panel Pump Filter	te	Flush/ clean pressure laterals, measurement of height; inspect for ponding or surfacing in dispersal area; reset squirt heig for equal pressure and date inspected.			Follow Manufacturer Recommendations: Recirculation Tank Pre-Treatment Unit Miscellaneous and date inspected
4. DATE: DATE:		FINDINGS:					
DATE:	إ	INDINGS:					
DATE:		INDINGS:					
DATE,	'						
6. PACKED BED MEDIA SYSTEM ONLY (if sy DATE OF SAMPLE: REDATE OF S			S: S:	packed bed, leave blank): BODs;TSS;Field TurbidityBODs;TSS;Field TurbidityBODs;TSS;Field Turbidity			ld Turbidity ld Turbidity ld Turbidity
5. OTHER: NOTABLE	E OBSERVATIO	ONS/ COMMEN	TS (Tank	(s) need pur	mping, pump	ed, etc.)	
A NAME OF BEDSON	DEDEODMIN		CE/INCD	ECTIONS.			
6. NAME OF PERSON	PERFORMING	S WAINT ENAIN	CE/ INSP		CERTIFIED:	LEVI	EL 2 LEVEL 3
7. NAME AND SIGNA the information in th						gning this	document, you verify that
Print Name				Signature		Date	
Email completed for	m to: <u>LUWD</u> S	S@utah.gov (PREFE	RRED)	OR	Division	mpleted form to: of Water Quality neering Section 144870

Salt Lake City, UT 84114-4870

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