



**Large Underground Wastewater Treatment System
Annual Inspection Report Form**
(Per Rule R317-5-1.4)

Due on or before August 1st (Reporting Year July 1-June 30)

Facility information:

Name _____
 Street _____
 City _____ State _____ Zip _____

Contact person:

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone number _____ Email _____

Alternate contact person:

Name _____ Phone number _____ Email _____

Contract service provider (must state certified level 3)

Name _____ Phone # _____

1. System Information

Number of connections: Current _____ Anticipated _____

2. 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; €Control Panel; € Pump; €Floats; €Distribution Box; €Standard Trench;
- € Deep Trench; €Pressure Distribution; €Drip Irrigation; €Packed Bed Media
- € Enhanced Treatment unit, €Grease Trap, €Others (Describe) _____

3. Septic Tank(s)

	Tank	Tank	Tank	Tank
Location/name/ identifier (i.e., N, NW, W)				
Tank size (gallons)				
Sludge level (measured in inches from top interior of the tank)				
Scum level (measured in inches from bottom of tank)				
Effluent filter serviced (yes/no or N/A)				
Last date pumped				
Are the baffles in good operating condition (yes/no)				

R317-4-13.1.C. The tank should be pumped out if either the bottom of the floating scum mat is within three inches of the bottom of the outlet device (baffle or tee) or the sludge level has built up to approximately 12 inches from the bottom of the outlet device (baffle or tee). Little long-term benefit is derived by pumping out only the liquid waste in septic tanks. All three wastewater components, scum, sludge, and liquid waste should be removed. Tanks should not be washed or disinfected after pumping. A small amount of sludge should be left in the tank for seeding purposes.

4. Absorption Field

Are ground surface conditions free of ponding water or areas of erosion? €Yes €No
Is the system comprised of alternating absorption fields? €Yes €No
If yes, how often are the absorption fields alternated? _____
Describe the location of any observation port(s) found to contain water. _____

5. Control Panel (if available):

Flow meter reading: _____ Event counter reading: _____
Hour meter reading: _____ High level alarm visible or audible? _____
Current timer settings: On _____ Off _____

6. Pump Chambers & Floats (if available):

Is the system € Demand dose € Timed Dosed?
Is there a high level alarm float? €Yes €No
Total number of floats? _____

Timed dose system should be evaluated by changing the timer setting to a reasonably short duration (three minutes off/ one minute on) and then manually engaging the on/off float and verifying that the pump operates as designed. The high level float should be tested by manually engaging the float.

7. Pressure Distribution

Initial head pressure (ft) _____ Final head pressure (ft) _____
Description of necessary adjustments or maintenance _____

8. Packed Bed Media System (if available):

Attach a copy of lab results

Date of Sample	COD in mg/L	TSS in mg/L	TIN in mg/L

If any sample was found to be in excess of 75mg/L of COD or 25mg/L TSS, please describe the follow-up action which was taken _____

Reports are due on or before **August 1st** (Reporting Year July 1-June 30)

Mail Reports to:
Weber-Morgan Health Department
Environmental Health
Wastewater Division
477 23rd Street
Ogden, Utah 84401
Office: 801-399-7160

Fax: 801-399-7170