



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

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

Fax: 801-399-7168