



**LARGE UNDERGROUND WASTEWATER OPERATING PERMIT**  
*Division of Water Quality*

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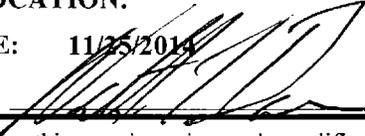
NAME OF SYSTEM: GRAND STAIRCASE INN

CONTACT PERSON/MAILING ADDRESS/PHONE NO: Carlton Johnson 105 N. Kodachrome Dr.  
 Cannonville UT 84718 435-679-8400

SYSTEM LOCATION:

ISSUE DATE: 11/25/2014

EXPIRATION DATE: 11/25/2019

ISSUED BY:  Walter L. Baker, P.E., Director, Division of Water Quality

Until such time as this permit expires or is modified or revoked, the permittee is authorized to operate a large underground wastewater disposal system in conformance with all the requirements, limitations, and conditions set forth in *Utah Administrative Code R317-5*, with the attached schedules as follows:

**SCHEDULE A**

**Waste Disposal Limitations:**

1. The permittee is authorized to operate and maintain a large underground wastewater disposal system that has been constructed in accordance with plans and specifications approved by the Division of Water Quality and with the following conditions:

- a. System type  Conventional Gravity; \_\_\_\_\_  
 Conventional with Pump-to-Gravity; \_\_\_\_\_  
 Pressure Distribution; \_\_\_\_\_  
 Alternative (describe) \_\_\_\_\_

b. Maximum Daily Design Flow of >5,000 gpd

c. Components of wastewater disposal system (check)

- |   |  |
|---|--|
| <input type="checkbox"/> Recirculating Tank _____     | <input checked="" type="checkbox"/> Septic Tanks; two 2,500gal _____ |
| <input type="checkbox"/> Grease Trap _____            | <input type="checkbox"/> Distribution Box _____                      |
| <input type="checkbox"/> Pump Tank With Floats _____  | <input type="checkbox"/> Pressure Distribution _____                 |
| <input type="checkbox"/> Control Panel _____          | <input type="checkbox"/> Drip Irrigation _____                       |
| <input type="checkbox"/> Trenches _____               | <input type="checkbox"/> Enhanced Trt Unit _____                     |
| <input checked="" type="checkbox"/> Deep Trench _____ | <input type="checkbox"/> Ratcheting Valve Box _____                  |
| <input type="checkbox"/> Bed _____                    | <input type="checkbox"/> Mound _____                                 |
| <input type="checkbox"/> Other (describe) No _____    |  |

d. Drainfield media  Gravel;  Gravelless Chambers \_\_\_\_\_

e. Effluent parameters will meet R317-4 for domestic wastewater or additional treatment may be required.

- 2.. Discharge of untreated or partially treated sewage or septic tank effluent directly or indirectly onto the ground surface or the surface waters of the state constitutes a public health hazard and is prohibited. This permit does not relieve the permittee from responsibility for compliance with any other applicable federal, state, or local law(s), rule(s) or standard(s).
- 3.. No cooling water, air conditioner water, ground water, oil, hazardous materials, roof drainage, storm water runoff, or other aqueous or non-aqueous substance which is, in the judgment of the Division, detrimental to the performance of the
- 4.. No activities shall be conducted that could cause an adverse impact on existing or potential beneficial use of groundwater.

**SCHEDULE B**

**Required Servicing and Inspections**

1..  Annually  Semi-Annually (every 6 months) | | Other (specify)

2.. All servicing and inspections must be conducted by a certified maintenance person per R317-11. Level 2 is required for conventional systems and level 3 for all other LUWDS.

Name of person performing maintenance on this system: /

Level 2  Level 3 *Note: if this person is replaced with another maintenance person, the owner must notify the Division within 30 day of change.*

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 DWQ-2014-012721

GRAND STAIRCASE INN OPERATING PERMIT

- 3.. If Sample results exceed Operating Parameters (other than Flow of wastewater) in table titled "Minimum Monitoring and Reporting Requirements", report to the Division within 5 days and follow rules in R317-5-1.4 (F).

**Inspection Components**

TYPE OF SYSTEM	Measure sludge/scum levels, pump when necessary: * Septic Tank * Pump Tank * Grease Trap	Inspect and clean when necessary * Pump/Floats * Control Panel * Pump Filter	Flush/clean pressure laterals; inspect for ponding or surfacing in dispersal area; reset squirt height for equal pressure	Manufacturers Recommendations: * Recirc Tank * Pre-Treatment Unit * Misc
Conventional Gravity or Pump-to-Gravity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	---
Pressure System (Drip)	<input type="checkbox"/>	---	<input type="checkbox"/>	---
Mound, At-Grade	<input type="checkbox"/>	---	<input type="checkbox"/>	---
Packed Bed	<input type="checkbox"/>	---	<input type="checkbox"/>	---

\* Or more per manufacturer requirements

**Minimum Frequency of Periodic Inspections**

TYPE OF SYSTEM	Every 12 months	Every 6 months
Conventional Gravity or Pump-to-Gravity 5,000 - 15,000 gal/day	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15,000 + gal/day	<input type="checkbox"/>	<input type="checkbox"/>
At-Grade Alternative System (first 5 years only)	---	<input type="checkbox"/>
Mound (drip, pressure)	---	<input type="checkbox"/>
Packed Bed	<input type="checkbox"/>	<input type="checkbox"/>
Treatment System (to lower waste strength levels)	<input type="checkbox"/>	<input type="checkbox"/>

**Monitoring and Reporting Requirements**

Item or Parameter	Minimum Frequency	Type of Sample	Operating Parameters
Flow of wastewater (gpd)	Monthly	Measurement based on meter readings	Approved design flow (gpd)
COD, TSS			
Total Inorganic Nitrogen (TIN)			

**Reporting**

Monitoring, maintenance practices, solids handling and results shall be reported on Division approved forms and must be submitted by **August 1, following the "reporting year" period of July 1 to June 30.**

**Mail or email Reports to (permitting agency): Division of Water Quality, c/o LUWDS, PO Box 144870, Salt Lake City, UT 84114-4870**

**Office: 801-536-4329 Fax: 801-536-4301 email: LUWDS@utah.gov**

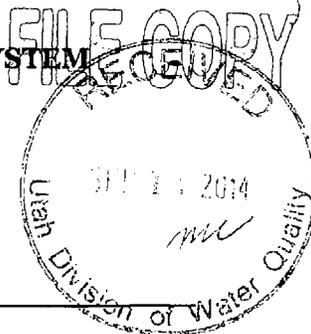
**SCHEDULE C**

**Special and General Conditions**

1. All septage/sludge shall be managed by a licensed sewage scavenger (pumper) as defined in R317-550.
2. Any observations of excessive kitchen wastes, surfacing sewage, etc., must be report to the Division within 5 working days
3. The permittee must maintain all treatment and control facilities in good working order and in conformance with permit requirements.



LARGE UNDERGROUND WASTEWATER SYSTEM



OPERATING PERMIT RENEWAL APPLICATION (Per Rule R317-5-1.4) Division of Water Quality

NAME OF SYSTEM: Grandstaircase Inn

OWNER NAME: Carlton D Johnson

CONTACT NAME: Carlton D Johnson Phone: (435) 6798400 email:

CONTACT ADDRESS: 105 N. Kodachrome

City: Cannonville State: UT Zip Code: 84718

County: Garfield

LOCATION OF SYSTEM: 105 N. Kodachrome

City: Cannonville State: UT Zip Code: 84718

County: Garfield

1. WERE THERE ANY CHANGES TO THE SYSTEM? [ ] Yes [X] No If Yes, describe on separate page

2. VERIFY TYPE OF SYSTEM:

- [X] Conventional Gravity [ ] Pressure Distribution [ ] Conventional with Pump-to-Gravity [ ] Alternative (describe)

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) 75,000

4. VERIFY THE COMPONENTS OF SYSTEM:

Table with columns for component type and description. Includes items like Septic Tanks (2-2500 gal), Deep Trench, and Drainfield Media (Gravel).

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Signature: Carlton D Johnson Date: 9-9-14