

# Large Soil Absorption System Report Form

## Please fill out all data fields and return to the Health District

(Per IDAPA 58.01.03.013.06.f, an annual 'Large Soil Absorption Report' shall be filed with the Director no later than January 31 of each year for the last twelve (12) month period and shall include a section on operation, maintenance and monthly and annual monitoring data.)

<b>Date report submitted:</b> _____	
<b>Ownership:</b> <input type="checkbox"/> Private entity <input type="checkbox"/> Government Agency <input type="checkbox"/> Homeowners Association <input type="checkbox"/> Sewer District <input type="checkbox"/> Municipal	
<b>Ownership Contact:</b> Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Email: _____	<b>Maintenance Entity or Licensed Operator Contact:</b> Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Email: _____ IBOL License Type: _____ IBOL License Number: _____
<b>Permit Information:</b> Permit Number: _____ Total design capacity (gallons per day): _____ Remaining capacity (gallons per day): _____ Subdivision/ Commercial/ Industrial Facility Served: _____ Service area description: _____ Does the LSAS have an O&M Manual: <input type="checkbox"/> Yes <input type="checkbox"/> No            (Please comment if changes have occurred) In the area provided on the next page, identify any system maintenance completed or attach additional sheets if necessary.	
<b>Dates that the disposal fields were alternated:</b> _____	
<b>Observation Pipe Monitoring Required for Ponding:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If required complete the monthly monitoring report on the next page.	
<b>Influent Flow Monitoring Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If required complete the monthly monitoring results form on the next page.	
<b>Groundwater Elevation Monitoring Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If required complete the monthly monitoring results* form on the next page.	
<b>Semi-Annual Groundwater Monitoring Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If required attach monitoring results* to this report.	

\* Per IDAPA 58.01.03.013.06.e, monitoring shall conform to the requirements of all federal, state, and local rules and regulations

**Observation Pipe Monitoring for Ponding:**

	January	February	March	April	May	June	July	August	September	October	November	December
Date:												
Ponding Observed:												
Observation Pipe #:												

**Influent Flow Monitoring:**

Monitoring Based On: Lapse time meter  or event meter

	January	February	March	April	May	June	July	August	September	October	November	December
Date:												
Flow Reading (Meter 1)												
Flow Reading (Meter 2)												

Annual wastewater volume (gallons): \_\_\_\_\_ Current Average Daily flow (gallons per day): \_\_\_\_\_

**Groundwater Elevation Monitoring:**

	January	February	March	April	May	June	July	August	September	October	November	December
Date:												
Monitoring Well #:												
Groundwater Depth (bgs):												

**bgs: below ground surface**

**System Maintenance Notes:**

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**Additional O&M Requirement or Specific Criteria Identified in LSAS the Installation Permit:**

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