

Form 5-1 Operational Checklist: Holding tank (HT)

Service provided on: Date: _____ Time: _____ Reference #: _____
 Service provided by: Company: _____ Employee: _____
 Date of last service: _____ By: You Other: _____
 Date of last inspection: _____

NOTES

1. Conditions at the tank	1. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Evaluate presence of odor within 10 ft of perimeter of system:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Chemical <input type="checkbox"/> Sour
b. Source of odor, if present: _____	
2. Tank description	3. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic	_____ gal
b. Capacity: _____	
3. Tank access	4. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Access location: <input type="checkbox"/> Inlet <input type="checkbox"/> Center	Yes _____ No _____
b. Located at grade.	Yes _____ No _____
c. If 'No', how deep is lid buried.	Yes _____ No _____
d. Risers on tank.	Yes _____ No _____
e. Evidence of infiltration in risers.	Yes _____ No _____
f. Lids securely fastened.	Yes _____ No _____
g. Lid in operable condition.	Yes _____ No _____
4. Alarm(s)	5. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Alarm(s) present.	Yes _____ No _____
b. Audio alarm operational.	N.A. _____ Yes _____ No _____
c. Visual alarm operational.	N.A. _____ Yes _____ No _____
d. Remote telemetry operational.	N.A. _____ Yes _____ No _____
e. Electronic monitoring operational.	N.A. _____ Yes _____ No _____
5. Current tank operating conditions	6. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
a. Liquid level relative to inlet: _____ in	
	<input type="checkbox"/> At <input type="checkbox"/> Above <input type="checkbox"/> Below
b. Maximum liquid level of tank (invert of inlet pipe): _____ in	
c. Height at which alarm is activated as measured from invert of inlet: _____ in	
d. Evidence liquid level has been higher.	Yes _____ No _____
e. Evidence liquid level dropped without pumping.	Yes _____ No _____
f. Evidence of continuous inflow.	Yes _____ No _____
g. Date of last pump out: _____	
6. Tank structural condition (evaluate if tank pumped):	
a. Appears to be watertight (no visual leaks).	Yes _____ No _____
b. Rebar exposed.	Yes _____ No _____
c. Corrosion present.	Yes _____ No _____
d. Spalling present.	Yes _____ No _____
e. Cracks present.	Yes _____ No _____
f. Root intrusion.	Yes _____ No _____
g. Deflection noted.	N.A. _____ Yes _____ No _____
7. Holding tank pumping recommended.	
8. Contractor responsible for pumping:	
a. Gal removed: _____ Date: _____	