

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
 - a. Evaluate presence of odor within 10 ft of perimeter of system:
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
 - b. Source of odor, if present: _____
2. Tank description
 - a. Material: ☐ Concrete ☐ Fiberglass ☐ Plastic
 - b. Capacity: _____ gal
3. Tank access
 - a. Access location: ☐ Inlet ☐ Center
 - b. Located at grade. Yes ____ No ____
 - c. If 'No', how deep is lid buried. _____
 - 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)
 - 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
 - a. Liquid level relative to inlet: _____ in
☐ At ☐ Above ☐ 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): N.A. ____
 - 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. Yes ____ No ____
8. Contractor responsible for pumping: _____
 - a. Gal removed: _____ Date: _____

1. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. ☐ Acceptable
☐ Unacceptable

6. ☐ Acceptable
☐ Unacceptable