Form 5-2 Operational Checklist: Septic, trash and processing tanks (STPT)

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

1. Type:
   □ Septic tank □ Trash tank
   □ Processing tank □ Pump vault present
2. 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: _____
3. Tank description
   a. Material: □ Concrete □ Fiberglass □ Plastic
   b. Capacity: _____gal
   c. Compartmented. Yes ____No_____
   d. Capacities for compartmented system: 1)_____ gal 2) _____ gal
4. Tank access
   a. Access location: □ Inlet □ Outlet □ 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_____
5. 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_____
6. Current tank operating conditions
   a. Liquid level relative to outlet: _____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 pumpout:_____
   h. Presence of flocculant in clear zone. Yes____No_____
   i. Evaluation of layers in tank:

NOTES

2. □ Acceptable □ Unacceptable
4. □ Acceptable □ Unacceptable
5. □ Acceptable □ Unacceptable
6. □ Acceptable □ Unacceptable

Compartment Number	Scum (in)		Clear Zone (in)		Sludge (in)		Odor	Other
	Depth	Color*	Depth	Color	Depth	Color		
1								
2								

*Color Choices: □ Clear □ Flocced □ Milky □ Muddy □ Grainy
□ Black □ Brown □ Mustard □ Gray □ White

7. Tank pumping recommended. Yes____No_____

Reference #:_____

8. Baffles currently structurally sound. Yes____No_____
   a. Inlet baffle in place. Yes____No_____
   b. Outlet baffle in place. Yes____No_____
   c. Compartment baffle in place. N.A. _____ Yes____No_____
   d. Effluent screen. Yes____No_____
      Manufacturer:_____Model:_____
   e. Is screen accessible from ground surface. Yes____No_____
   f. If screened, percent plugged: _____%
   g. Was screen cleaned. Yes____No_____
9. 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_____
10. Contractor responsible for pumping: _____
    a. Gal removed:_____ Date:_____
11. Lab samples collected for monitoring. Yes____No_____
    Types of analysis:_____
    _____
    _____

8. □ Acceptable
   □ Unacceptable

9. □ Acceptable
   □ Unacceptable