

## 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