Service provided of	n: Date:	Ti	me:		Refere	ence #:		
ervice provided by: Company: Employee:								
Date of last service: By: □ You Date of last inspection:					You 🗆 O	Other:		
Date of last inspec	tion:							
. Type:								
	c tank	🗆 Trash	tank					
 Septic tank Trash tank Processing tank Pump vault present 						NOTES		
. Conditions at the tank								
a. Evaluate presence of odor within 10 ft of perimeter of system:							2. Acceptable	
	one 🗌 Mild			-	-			cceptable
	ce of odor, if							
. Tank descript	on	present.						
a. Material: Concrete Fiberglass Plastic								
b. Capa		nerete			1 lastic	gal		
	partmented.				Yes	No gai		
		nnartmente	1 system [.] 1					
d. Capacities for compartmented system: 1) gal 2) gal . Tank access							4. 🗆 Acceptable	
	ss location:	🗆 In	let	□ Outlet		Center		cceptable
	ted at grade.					<u>No</u>		sceptable
	o', how deep	is lid burie	d.		1.00			
	s on tank.	10 114 0 4110			Yes	No		
e. Evid	ence of infilt	ration in ris	ers.			No		
	securely faste					No		
	n operable co					No		
Alarm(s)						5 🗆 Acce	5. 🗆 Acceptable	
a. Aları	Alarm(s) present. Yes No							
b. Audi	o alarm opera	ational.		N.A		No		ceptable
c. Visu	al alarm oper	ational.		N.A	Yes	No		
d. Rem	ote telemetry	operationa		N.A		<u>No</u>		
							6. 🗆 Acceptable	
Current tank operating conditions								
a. Liqu	id level relati	ve to outlet				in		
			$\Box A$		Above	□ Below		
	b. Maximum liquid level of tank (invert of inlet pipe):in							
	c. Height at which alarm is activated as measured							
	invert of inle		1 · 1			1n		
	Evidence liquid level has been higher. Yes No							
	Evidence liquid level dropped without pumping.YesNoEvidence of continuous inflow.YesNo							
_			w.		i es	<u>INO</u>		
	of last pump nce of floccu		* 70 2 0		Yes	No		
	ation of laye		r zone.		1 es	<u>INO</u>		
			Clear Zo	ne (in)	Slud	ge (in)	Odor	Other
Compartme Number	in Scu	m (in)		me (III)	Siudy	se (m)	Ouoi	Ouler
INUITOEL	Depth	Color*	Depth	Color	Denth	Color		
1	Depui	00101	Depui		Depth			
2				-		$\left \right $		
i		occed □M		/uddy □				

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

 Black
 Brown
 Mustard
 Gray
 White

 7.
 Tank pumping recommended.
 Yes_____

Yes No

