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: ________________

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.  [ ] Yes  [ ] No
   c. Visual alarm operational.  [ ] Yes  [ ] No
   d. Remote telemetry operational.  [ ] Yes  [ ] No
   e. Electronic monitoring operational.  [ ] 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. ______

7. Holding tank pumping recommended.  [ ] Yes  [ ] No

8. Contractor responsible for pumping:
   a. Gal removed: ___________ Date: ___________

NOTES

1. [ ] Acceptable  [ ] Unacceptable
2. [ ] Acceptable  [ ] Unacceptable
3. [ ] Acceptable  [ ] Unacceptable
4. [ ] Acceptable  [ ] Unacceptable
5. [ ] Acceptable  [ ] Unacceptable
6. [ ] Acceptable  [ ] Unacceptable