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:

<table>
<thead>
<tr>
<th>Compartment Number</th>
<th>Scum (in)</th>
<th>Clear Zone (in)</th>
<th>Sludge (in)</th>
<th>Odor</th>
<th>Other</th>
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<tbody>
<tr>
<td></td>
<td>Depth</td>
<td>Color*</td>
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*Color Choices: □ Clear □ Floced □ Milky □ Muddy □ Grainy
  □ Black □ Brown □ Mustard □ Gray □ White

7. Tank pumping recommended: Yes     No
8. Baffles currently structurally sound.  
   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:  

Reference #:____________________