

# Jefferson County On-Site Sewage Program

## 6 Month Service Report

### Operational Checklist: Holding Tank

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

Signature \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_