



**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

**NOTES**

3. Tank description  
 a. Material:  Concrete     Fiberglass     Plastic

4. Tank access Surface: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

5. Alarm(s)    Yes \_\_\_\_\_ No \_\_\_\_\_

2. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

6. Current tank operating conditions

Compartment Number	Scum (in)		Clear Zone (in)		Sludge (in)		Odor	Other
	Depth	Color*	Depth	Color	Depth	Color		
1								
2								

\*Color Choices:  Clear  Flocced  Milky     Muddy  Grainy  
 Black  Brown  Mustard  Gray     White

7. Septic tank pumping recommended?    Yes \_\_\_\_\_ No \_\_\_\_\_

8. Baffles currently structurally sound?  
 Effluent screen? Yes \_\_\_ No \_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

9. Tank structural condition (evaluate if tank pumped):    N.A. \_\_\_\_\_

10. Contractor responsible for pumping:  
 a. Gal removed: \_\_\_\_\_ Date: \_\_\_\_\_

11. Lab samples collected for monitoring?    Yes \_\_\_ No \_\_\_  
 Types of analysis: \_\_\_\_\_  
 \_\_\_\_\_

8. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
9. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable