



Prevent • Promote • Protect

Environmental Health Division

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Operation and Maintenance: Tank Assessment

O&M tank service should provide general assessment of each tank in addition to all listed conditions below. The intent of the O&M program is to ensure the system remains in a conforming state.

- Functioning: Implies the system is functioning in a conforming state as required by the regulations
- Functioning with concerns: Implies the system is functioning currently but may require mitigation, through maintenance or service, to ensure the system continues to function as required
- Malfunctioning: Implies the component is not functioning in compliance with the regulations and requires repairs to ensure the system is functioning as intended.

PROPERTY INFORMATION			
Site Address:			
ON#:		Date of Inspection:	
Service Provider:			

Separate Tank Assessment form must be filled out for each individual tank in the system

O&M TANK EVALUATION							
Tank Type:	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Pump Tank <input type="checkbox"/> Other Tank:						
Tank Description:	Capacity:			Date last pumped:			
	Material:	<input type="checkbox"/> Concrete <input type="checkbox"/> Poly/Plastic <input type="checkbox"/> Fiber glass <input type="checkbox"/> Other:					
	Compartmented:	<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of compartments:			
	Scum Layer:			Sludge Layer:			
	Effluent Filter:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Filter accessible at grade:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tank Access:	Location:	<input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Center			Lids secure in good condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Risers to grade:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "no" how deep is lid:			
Pump/Siphon:	Pump accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type of access:			
Alarm (if applicable):	Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Within line of sight of tank:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Time:			No. of cycles:			

Tank Evaluation	
Effluent within operational limits:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Evidence of continuous in flow:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Inlet/Outlet Baffle in good condition:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Effluent filter in place & good condition:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Compartment baffle in good condition:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Tank appears to be watertight:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Tank is structurally sound:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Root intrusion present:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A
Pump Discharge assembly in good repair:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A

Site Address:	ON:
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Additional Comments:

Site Address:

ON:

Service Provider Signature:

Date: