



Holmes Harbor Sewer District

S.T.E.P. TANK INSPECTION REPORT

PARCEL NUMBER: _____ DATE: _____

STREET ADDRESS: _____

OVERALL DEPTH OF TANK _____ # OF COMPARTMENTS _____

INLET 1ST LID: DEPTH OF SCUM _____ DEPTH OF SLUDGE _____ % FULL _____

OUTLET 2ND LID: DEPTH OF SCUM _____ DEPTH OF SLUDGE _____ %FULL _____

- ☐ LID ACCESS CLEAR
- ☐ LIDS/ RISERS GOOD CONDITION
- ☐ CHECK BAFFLE(S) - CENTER WALL
- ☐ REMOVE FLOAT TREE. OPERATE ALL FLOATS
- ☐ CLEAN FLOATS - RINSE BASKET
- ☐ MANUALLY OPERATE PUMP
- ☐ ALARM CONNECTED AND OPERATIONAL AUDIBLE _____
- ☐ RESEAL CONTROL PANEL - WATER TIGHT
- ☐ ACCOUNT NUMBER _____
- ☐ PANEL NUMBER - TYPE _____
- ☐ METER READING _____
- ☐ PUMP DRAWDOWN TIME _____ Mins

COMMENTS/FINDINGS: _____

SKETCH OF HOME/TANK LOCATION: _____

FIELD ALARM REPORT

Operator responding: _____ Alarm call by: _____
Date/Time responded: _____ Alarm call Date/Time: _____
Total Field time: _____ Total travel time: _____

ALARM CALL ADDENDUM

Conditions leading to call:

- | | | | |
|--------------------------|-------|--------------------------|----------------|
| ☐ | Alarm | ☐ | Tank overflow |
| ☐ | Odor | ☐ | Surface runoff |
| ☐ | Noise | ☐ | Sewage backup |
| ☐ | Other | | |

Odor:

Normal:	☐	Musty	☐	Earthy	☐	Moldy
Pungent	☐	Sulfide	☐	Cabbage	☐	Decay

Date/Time discovered:

Method of detection:

Alarm

- | | |
|--------------------------|------------|
| ☐ | High level |
| ☐ | Low level |
| ☐ | Off |

Pump

- | | |
|--------------------------|-----|
| ☐ | On |
| ☐ | Off |

Tank liquid level

- | | |
|--------------------------|--------|
| ☐ | Normal |
| ☐ | High |
| ☐ | Low |

Circuit breaker

- | | |
|--------------------------|----------|
| ☐ | On |
| ☐ | Off |
| ☐ | Tripped |
| ☐ | Switched |

Cause of malfunction:

Mechanical

- | | |
|--------------------------|----------------|
| ☐ | Control panel |
| ☐ | Pump |
| ☐ | Float switch |
| ☐ | Screened vault |
| ☐ | Hose & Valve |
| ☐ | Check valve |
| ☐ | Building sewer |
| ☐ | Service line |
| ☐ | Other: _____ |

Physical or Process-Related

- | | |
|--------------------------|---------------|
| ☐ | Power |
| ☐ | Back pressure |
| ☐ | Air bound |
| ☐ | Sludge/Scum |
| ☐ | Clog |
| ☐ | I & I |
| ☐ | Exfiltration |
| ☐ | Siphoning |
| ☐ | Other: _____ |

Repair: _____
Replace: _____
Notes: _____

