



## **Tight Tank Checklist**

Yearly Inspection Report

(March-May)

Alarm working: ☐ Yes ☐ No

Tank Volume \_\_\_\_\_ Gallons

Monolithic: ☐ Yes ☐ No

Cast Iron Access Cover(s): ☐ Yes ☐ No

Watertight and Secured: ☐ Yes ☐ No

Infiltration or Exfiltration: ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Lakeville Board of Health must be notified at least 24hrs prior to date and time of Tight Tank Inspection**

**\*\*Inspections must be done by a Title V inspector or Engineer**

Company: \_\_\_\_\_ Inspector's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Map/Block/Lot: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Access Covers at Grade: ☐ Yes ☐ No

Tank Material: \_\_\_\_\_

Liquid Level (measured from chamber floor): \_\_\_\_\_

Pumping required (recommended) at this time: ☐ Yes ☐ No