NYC Health

Multiple Drinking Water Storage Tanks Inspection Reporting Form

Building drinking water storage tanks must be inspected annually in accordance with the requirements of the New York City Health Code, Article 141, Section 141.07 of Title 24 of the Rules of The City of New York; New York City Administrative Code Title 17 Section 17-194.

Reporting Year ☐

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1 | Premises (*address where the tanks are physically located*)

Borough	Block	Lot	BIN

House No.	Street Name		Zip

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2 | Owner Information ☐ *Check here if change of owner since last filing* (NOTE: detailed contact information will not be made public)

Name				Day Phone

Address	City	State	Zip	E-mail

Contact Person	Relationship to Owner		Day Phone	

Address	City	State	Zip	E-mail

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3 | Building Occupancy and Tank Information   **Total Number of Drinking Water Storage Tanks:** ☐

☐ Multiple Dwelling   ☐ Commercial   ☐ Mixed Use   ☐ Other: ____   Number of Floors: ____   Total Number of Residential Units: ____

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4 | Building Public Posting Notice of Results

Building Posting:
A Public Notice stating that inspection results are available for review must be posted in an easily accessible location of the building (§141.07(d)). The inspection results shall be maintained for 5 (five) years from the date of inspection (§141.07(c)).

Is Public Notice of availability posted?

☐ Yes   ☐ No

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5 | Annual Inspection: Results Reporting (Tank forms on following pages. If there are more than two tanks, page 2 can be copied or printed multiple times)

Tank No.	Location (e.g. roof, floor number, etc.)	Inspection Completed?		Sample Collected?	
1		☐ Yes	☐ No	☐ Yes	☐ No
2		☐ Yes	☐ No	☐ Yes	☐ No
3		☐ Yes	☐ No	☐ Yes	☐ No
4		☐ Yes	☐ No	☐ Yes	☐ No
5		☐ Yes	☐ No	☐ Yes	☐ No
6		☐ Yes	☐ No	☐ Yes	☐ No
7		☐ Yes	☐ No	☐ Yes	☐ No
8		☐ Yes	☐ No	☐ Yes	☐ No
9		☐ Yes	☐ No	☐ Yes	☐ No
10		☐ Yes	☐ No	☐ Yes	☐ No
11		☐ Yes	☐ No	☐ Yes	☐ No
12		☐ Yes	☐ No	☐ Yes	☐ No
13		☐ Yes	☐ No	☐ Yes	☐ No
14		☐ Yes	☐ No	☐ Yes	☐ No
15		☐ Yes	☐ No	☐ Yes	☐ No
16		☐ Yes	☐ No	☐ Yes	☐ No
17		☐ Yes	☐ No	☐ Yes	☐ No
18		☐ Yes	☐ No	☐ Yes	☐ No
19		☐ Yes	☐ No	☐ Yes	☐ No
20		☐ Yes	☐ No	☐ Yes	☐ No

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6 | Statement of Accuracy

☐ I hereby affirm, under penalty of perjury, that the information provided on this form is true and correct to the best of my knowledge and belief. I recognize that false statements are punishable as a misdemeanor pursuant to Section 210.45 of the New York Penal Law.

Name	Email

Date ____

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Reporting Year [ ]

5a	**Premises** (*address where the tanks are physically located*)

House No.	Street Name	Borough	Zip	BIN

5b	**Annual Inspection: Results Reporting**

Tank #

Of

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Location:

Was a tank inspection performed? ☐ Yes ☐ No

Inspection By Person, Entity/firm:

Inspection Date mm/dd/yyyy:

General Inspection Requirements: the tank inspection shall include, at the minimum, all of the following examination activities (§141.07(b)):

Was examination performed?

General Inspection Results: When an inspection identifies any unsanitary condition, steps must be taken to immediately correct the condition (§141.07(e)):

Examination activity	No	Yes		
Examined general condition and integrity of internal tank structure	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined general condition and integrity of external tank structure	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined condition of all pipes connected to the tank	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined condition of access ladders	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined condition of vents, access hatches and screens	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined condition of the roof	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken

Sanitary Inspection Requirements: the tank inspection shall include the examination of sanitary conditions, including:

Was examination performed?

Sanitary Inspection Results: When an inspection identifies any unsanitary condition, steps must be taken to immediately correct the condition, which may include draining and cleaning the tank (§141.07(e)):

Examination activity	No	Yes		
Examined for presence of sediment	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined for presence of biological growth	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined for presence of floatable debris and/or insects in the tank	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken
Examined for presence of rodent or bird activity on, in or around the tank	☐ No	☐ Yes	☐ No Unsanitary Condition	☐ Corrective Action Taken

Water Quality Sample: The inspection shall include sampling the water in the tank to verify that the bacteriological quality of the water supply is in compliance with the New York State Sanitary Code Subpart 5-1. Noncompliant bacteriological results (E. coli or Coliform presence) must be reported to the Department within 24 hours and tank must be properly cleaned and disinfected (§141.09) if the results are due to an unsanitary condition.

Was a sample collected? ☐ No ☐ Yes

Sample Analysis Lab Name:

Lab NYS Certified for potable water analysis? ☐ Yes ☐ No

Analytes: ☐ BACTERIA ☐ OTHER

Sample results in compliance?
Coliform ☐ Absent/None detected ☐ Present
E. coli ☐ Absent/None detected ☐ Present
If Other Meets Standards? ☐ Yes ☐ No

Tank #

Of

.

Location:

Was a tank inspection performed? ☐ Yes ☐ No

Inspection By Person, Entity/firm:

Inspection Date mm/dd/yyyy:

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Lab NYS Certified for potable water analysis? ☐ Yes ☐ No

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If Other Meets Standards? ☐ Yes ☐ No