



# Drinking Water Storage Tank 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

## 1 Premises (address where the tank is physically located)

Borough	Block	Lot	BIN
House No.	Street Name	Zip	

## 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	k \			Day Phone
Address	City	State	Zip	E-mail

## 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: \_\_\_\_\_

## 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

## 5 Annual Inspection: Results Reporting

Tank #1 Location, floor #	Was a tank inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection By Person, Entity/firm:	Inspection Date mm/dd/yyyy:
<b>General Inspection Requirements:</b> the tank inspection shall include, at the minimum, all of the following examination activities (§141.07(b)):		<b>Was examination performed?</b>	<b>General Inspection Results:</b> When an inspection identifies any unsanitary condition, steps must be taken to immediately correct the condition (§141.07(e)):
Examined general condition and integrity of internal tank structure	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined general condition and integrity of external tank structure	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined condition of all pipes connected to the tank	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined condition of access ladders	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined condition of vents, access hatches and screens	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined condition of the roof	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
<b>Sanitary Inspection Requirements:</b> the tank inspection shall include the examination of sanitary conditions, including:		<b>Was examination performed?</b>	<b>Sanitary Inspection Results:</b> 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)):
Examined for presence of sediment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined for presence of biological growth	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined for presence of floatable debris and/or insects in the tank	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
Examined for presence of rodent or bird activity on, in or around the tank	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No Unsanitary Condition <input type="checkbox"/> Corrective Action Taken
<b>Water Quality Sample:</b> 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.			
<b>Was a sample collected?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Sample Analysis Lab Name:</b>	Lab NYS Certified for potable water analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No   Analytes: <input type="checkbox"/> BACTERIA <input type="checkbox"/> OTHER	<b>Sample results in compliance?</b> Coliform <input type="checkbox"/> Absent/None detected <input type="checkbox"/> Present E. coli <input type="checkbox"/> Absent/None detected <input type="checkbox"/> Present *If Other* Meets Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No

For questions regarding compliance requirements contact the:  
Office of Public Health Engineering  
42-09 28<sup>th</sup> Street, 14<sup>th</sup> Floor, CN-56  
Queens, NY 11101-4132  
347-396-6001

## 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 \_\_\_\_\_