



### 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 and the New York City Administrative Code Title 17 Section 17-194.

Reporting Year

**1 Premises** (Address where the tanks are 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: \_\_\_\_\_ Relationship to owner: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3 Building Occupancy and Tank Information**

Building Occupancy:  Multiple Dwelling  Commercial  Mixed Use  Other: \_\_\_\_\_  
 Total Number of Drinking Water Storage Tanks: \_\_\_\_\_ 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 form on following page. If there is more than one tank, page 2 can be copied or printed multiple times)

Tank No.	Location (e.g. roof, floor number, etc.)	Inspection Completed?		Sample Collected?	
1		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
3		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
5		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
7		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
8		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
9		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
10		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
12		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
13		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
14		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
15		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**6 Statement of Qualification**

By providing my Master Plumber, Professional Engineer, or Registered Architect license information or the license of the directly supervising licensed Master Plumber, I hereby affirm that I conducted the inspection and am a qualified water tank inspector as defined by Administrative Code § 17-194.

Name on License \_\_\_\_\_ License Type  
 Licensed Master Plumber  
 Professional Engineer  
 Registered Architect

License Number \_\_\_\_\_

**7 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 \_\_\_\_\_

Page  of



Reporting Year

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

House No.: \_\_\_\_\_ Street Name: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_ BIN: \_\_\_\_\_

**5b Annual Inspection Results Reporting**

Tank No.	of	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)). If a water tank or its supporting structure is structurally unsafe or dangerous, the water tank inspector or owner shall take actions as required by the NYC Administrative Code §28-301.1 and report such condition to the Department of Buildings in writing.
Examined general condition and integrity of internal tank structure	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined general condition and integrity of external tank structure	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined condition of all pipes connected to the tank	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined condition of access ladders	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined condition of vents, access hatches and screens	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined condition of the roof	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) 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="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined for presence of biological growth	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined for presence of floatable debris and/or insects in the tank	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
Examined for presence of rodent or bird activity on, in or around the tank	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> No Unsanitary Condition	<input type="radio"/> Corrective Action Taken
Describe unsanitary condition and corrective action(s) taken: _____			
<b>Inspection Documentation:</b> Print and attach a minimum of two clear photographs showing tank compliance: one photograph showing tank interior condition and one showing tank exterior.			
<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>Sample Analysis</b>		<b>Sample Results</b>	
Lab Name: _____		<b>Coliform</b>	<input type="radio"/> Absent/None detected <input type="radio"/> Present
Lab NYS Certified for potable Water? <input type="radio"/> Yes <input type="radio"/> No		<b>E. coli</b>	<input type="radio"/> Absent/None detected <input type="radio"/> Present
Analytes: <input type="radio"/> Bacteria <input type="radio"/> Other*			
* If other, meets standards? <input type="radio"/> Yes <input type="radio"/> No			