



## Harvard Board of Health

13 Ayer Road  
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### Annual Tight Tank Report

To be submitted to the Harvard Board of Health annually in the month of March

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

Owner Name: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

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

Inspection	Yes	No	
Audible alarm working			
Visual alarm working			
Cover below grade			
Tank below grade			
Watertight & Secure			
Pumping required at this time			

Tank Volume \_\_\_\_\_ (Gallons)

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

Additional Comments (e.g. condition of float, alarm switches, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Inspector Name: \_\_\_\_\_

Company Name/Address: \_\_\_\_\_

Company Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Annual Pumping Record

Date of Service	Gallons Pumped

Date of Service	Gallons Pumped

Date of Expiration of **Attached** Operation & Maintenance Contract \_\_\_\_\_