

EPA Region 8 Drinking Water Unit

Storage Tank- Above Ground Rooftop Component Checklist for Finished Water Tanks

Fill out one checklist per storage tank & submit labeled photos of each tank component the sanitary surveyor was unable to access and completely evaluate with this form

PWS Name: _____	PWS ID: _____		
Tank Name: _____	Tank ID: _____		
Proposed Inspection Date: _____	Actual Inspection Date: _____		
Name of Person Filling Out Form: _____	Title of Person Filling Out Form: _____		
I certify that this information is complete and accurate:		Date:	

Overall Tank Condition

Significant Deficiency		Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the tank appear to be structurally sound?	If no, what repairs are suggested by the tank inspector? _____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any unprotected openings in the tank (breaches, leaks, daylight coming through tank in spots, etc)	If yes, indicate type of breach and how it should be repaired. _____	_____	_____

Air Vent

Significant Deficiency		Required Correction	Proposed Completion Date	Actual Completion Date
Above Ground Tanks (Ground Level or Elevated)				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<u>Downturned vent</u> : Is the vent at least 24" above the roof?	If no reconfigure vent to provide proper air gap.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<u>Non-downturned vent</u> : Is there a solid cover down to the bottom of the vent screen?	If no, indicate deficiency and proposed correction: _____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<u>Non-downturned vent</u> : Is the screen at least 8" above the roof surface? What is the height of the start of the screening above the tank? _____	If no, indicate deficiency and proposed correction: _____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the vent covered with #24 mesh corrosion resistant screening (some exceptions apply)? Mesh Size: _____	If no, indicate deficiency and proposed correction: _____	_____	_____

Access Hatch				
Significant Deficiency		Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hatch raised at least 4" above the roof (for ground level or elevated tanks). What is the height of the access hatch above the roof or ground surface? _____	If no, the hatch should be raised to the appropriate height above the tank roof or ground.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the hatch have a shoe box lid?	If no, a properly designed shoe box type lid should be installed.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the lid water tight and sealed with a rubber gasket?	If no, the reason for the lack of a seal should be investigated and repaired.	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hatch locked?	If no, the hatch should be equipped with a lock.	_____	_____