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| **EPA Region 8 Drinking Water Unit****Finished Water Storage Tank Inspection: Air Vent** Fill out one checklist per storage tank & submit labeled photos of each tank component 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: |  |

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| **Inspector Qualifications (answer to all questions must be “yes” if entering a confined space)** |
| Name and contact information of inspector (if water system personnel) or inspection company:  |
| [ ]  Yes [ ]  No | Has the inspector completed confined space training?  |
| [ ]  Yes [ ]  No | Did the inspector have a confined space entry permit? |

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| **Overall Tank Condition** |
| **Significant Deficiency** | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| [ ]  Yes [ ]  No | Does the tank appear to be structurally sound? | If no, what repairs are suggested by the tank inspector?  |  |  |
| [ ]  Yes [ ]  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.  |  |  |

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| **Air Vent** |
| **Significant Deficiency** | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| [ ]  Yes [ ]  No [ ]  NA | Does the tank have a vent separate from the overflow? | If no, indicate proposed correction:  |  |  |
| **Above Ground Tanks (Ground Level or Elevated)** [ ]  Check if NA |
| [ ]  Yes [ ]  No [ ]  NA | Downturned vent: Is the vent at least 24” above the roof? | If no reconfigure vent to provide proper air gap. |  |  |
| [ ]  Yes [ ]  No [ ]  NA | Non-downturned vent: Is there a solid cover down to the bottom of the vent screen?  | If no, indicate deficiency and proposed correction:   |  |  |
| [ ]  Yes [ ]  No [ ]  NA | Non-downturned vent: 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:   |  |  |
| [ ]  Yes [ ]  No | Is the vent covered with #24 mesh corrosion resistant screening (some exceptions apply)? Mesh Size:  | If no, indicate deficiency and proposed correction:  |  |  |
| **Buried or Partially Buried Tanks** [ ]  Check if NA |
| [ ]  Yes [ ]  No | Is the vent covered with #24 mesh corrosion resistant screening? | If no, install proper #24 mesh corrosion resistant screening. |  |  |
| [ ]  Yes [ ]  No | Does the air vent terminate downward?  | If no, re-configure the vent so that it terminates downward. |  |  |
| [ ]  Yes [ ]  No | Is the air vent at least 24” above the tank roof or ground surface (whichever is higher)? What is the height of the vent above the roof or ground surface?  | If no, raise air vent to provide for an appropriate air gap. |  |  |