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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. |  |  |