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| **EPA Region 8 Drinking Water Unit**  **Finished Water Storage Tank Inspection: Rooftop Components**  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. |  |  |

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| **Access Hatch** | | | | |
| **Significant Deficiency** | | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| Yes  No | Is the hatch raised at least 4” above the roof (for ground level or elevated tanks) or at least 24 inches above the roof or ground, whichever is higher (for buried or partially buried 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. |  |  |
| Yes  No | Does the hatch have a shoe box lid? | If no, a properly designed shoe box type lid should be installed. |  |  |
| Yes  No | Is the lid water tight and sealed with a neoprene rubber gasket? | If no, the reason for the lack of a seal should be investigated and repaired. |  |  |
| Yes  No | Is the hatch locked? | If no, the hatch should be equipped with a lock. |  |  |