



## EPA Region 8 Drinking Water Unit Finished Water Storage Tank Checklist: Overflow

For either a **Tank Inspection/Cleaning Report** or an **Unknown Integrity Significant Deficiency**  
Fill out one checklist per storage tank & submit labeled photos of each tank component with this form.

- ☐ **Inspection/Cleaning Checklist:** Submit labeled photos of each tank component inspected.
- ☐ **Unknown Integrity Checklist:** Submit labeled photos of each tank component inspected.

|                                                         |                                   |       |  |
|---------------------------------------------------------|-----------------------------------|-------|--|
| PWS Name:                                               | PWS ID:                           |       |  |
| Tank Name:                                              | Tank ID:                          |       |  |
| Proposed Cleaning/Inspection Date:                      | Actual Cleaning/Inspection Date:  |       |  |
| Name of Person Filling Out Form:                        | Title of Person Filling Out Form: |       |  |
| I certify that this information is complete & accurate: |                                   | Date: |  |

### **Inspector Qualifications:** fill out regardless of which type of Checklist you are completing (answers to questions in this section should be "yes")

Name & contact information of inspector (if water system personnel) or inspection company:

- |                                                          |                                                       |
|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the inspector completed confined space training?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the inspector have a confined space entry permit? |

| Overall Tank Condition                                   |                                                                                                    |                                                                     |                          |                        |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|------------------------|
| Significant Deficiency                                   |                                                                                                    | Required Correction                                                 | Proposed Completion Date | Actual Completion Date |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there issues with the tank foundation?<br>Describe:                                            | If "Yes", what repairs does tank inspector recommend?               |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the tank appear structurally sound? If not, describe:                                         | If "No", what repairs does the tank inspector recommend?            |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there tank unprotected openings (breaches, leaks, daylight coming through tank in spots, etc). | If "Yes", explain type of breach & how it will be repaired.         |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there corrosion developing in or on the tank?                                                   | If "Yes", explain where the corrosion is & how it will be repaired. |                          |                        |

### Unknown Integrity/Tank Inspection Checklist: Overflow

| Significant Deficiency                                                                                                                                |                                                                                                                                                                 | Required Correction                                                                           | Proposed Completion Date | Actual Completion Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Does the tank have an overflow separate from the vent?                                                                                                          | If "No", explain deficiency & how it will be corrected:                                       |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Does the tank overflow exit the tank below the tank vent?                                                                                                       | If "No", explain deficiency & how it will be corrected:                                       |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Is the overflow accessible for inspection?                                                                                                                      | If "No", explain deficiency & how it will be corrected:                                       |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Is it equipped with #24-mesh non-corrodible screen OR is it a duckbill valve OR a sealed flapper valve with a screen inside ( <i>EPA recommends #24-mesh</i> )? | If "No", explain deficiency & how it will be corrected:                                       |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Using a duckbill or flapper? Give last inspection date.<br><br>If using a flapper valve, what is the screen size                                                | If not known, state when it will next be inspected.                                           |                          |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>("NA" only applies if answering question below "Yes" or "No") | Does the overflow discharge 12-24 inches above an inlet structure, splash plate or riprap? What is the height?                                                  | If "No", modify overflow to provide for an appropriate discharge height & discharge material. |                          |                        |

|                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>("NA" only applies if answering question above "Yes" or "No")         | Does the overflow have an air gap of 3 or more pipe diameters above any storm or sanitary sewer or drain entrance?                                                                                                                            | If "No", explain deficiency & how it will be corrected:                                                                    |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      | Is the discharge dry? Is any water that exits the overflow able to flow rapidly & freely away to avoid ponding?                                                                                                                               | If "No", explain deficiency & how it will be corrected:                                                                    |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      | Is there a blockage, a too-small overflow, a level control malfunction, or other issue that causes overflow through the hatch or vent, or continuous overflow?<br><b>Overflow structure capacity should at least equal maximum fill rate.</b> | If "Yes", explain what is causing the problem & how it will be repaired:                                                   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>("NA" only applies if tank is not in a properly constructed building) | If tank is in a properly constructed building, is the overflow designed such that an overflow event will not damage electrical or other vulnerable components in the building through splashing or flooding?                                  | If "No", explain deficiency & how it will be corrected:                                                                    |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      | Is the overflow discharge point visible?                                                                                                                                                                                                      | If "No", EPA recommends moving it to a place where it is visible to allow inspection & emergency overflow event detection. |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>("NA" only applies if tank is not in a properly constructed building) | If tank is in a properly constructed building, does the overflow discharge to an inside floor drain or through piping to outside?                                                                                                             | If "No", explain deficiency & how it will be corrected:                                                                    |  |  |