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| **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: |  |

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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** |
| **Above Ground Tanks (Ground Level or Elevated)**  |
| [ ]  Yes [ ]  No [ ]  NA | Downturned vent: Is the vent at least 24” or 3 pipe diameters 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:       |       |       |

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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). 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 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. |       |       |