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| **EPA Region 8 Drinking Water Unit****Finished Water Storage Tank Inspection/ Cleaning Checklist** 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”)** |
| 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** |
| **Above Ground Tanks (Ground Level or Elevated)** [ ]  Check if NA |
| [ ]  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:       |       |       |
| **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 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. |       |       |

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| **Overflow** |
| **Significant Deficiency** | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| [ ]  Yes [ ]  No | Discharge has #24 mesh corrosion resistant screen OR a duckbill valve OR a properly sealed flapper valve with a screen inside (EPA recommends #24 mesh screen)? | If no, indicate proposed correction:       |       |       |
| [ ]  Yes [ ]  No | Overflow terminates between 12 and 24 inches above the ground surface? At what height does the overflow discharge?       | If no, modify overflow to provide for an appropriate air gap. |  |  |
| [ ]  Yes [ ]  No | Overflow discharges over an inlet structure, splash plate, or engineered rip-rap?  | If no, indicate proposed correction:       |       |       |
| [ ]  Yes [ ]  No | Is the overflow directly connected to a sanitary sewer or storm drain? | If yes, indicate proposed correction:       |       |       |
| [ ]  Yes [ ]  No | Is there blockage in the overflow, an inadequately sized overflow, a malfunction of the level control system, or other issue that is causing the tank to overflow through the hatch or vent? | If yes, indicate what is causing the problem and how it should be repaired:       |       |       |
| [ ]  Yes [ ]  No | Is the overflow discharge point visible? If no, it is recommended that the discharge point be moved to a location that is visible. | Not Required |

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| **Drain** |
| **Significant Deficiency** | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| [ ]  Yes [ ]  No | Does the drain pipe have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewers? | If no, indicate proposed correction:       |       |       |
| [ ]  Yes [ ]  No | Does the discharge have a #24 mesh corrosion resistant screen OR a duckbill valve OR a properly sealed flapper valve with a screen inside? If no, EPA recommends that a #24 mesh screen be installed. | Not Required |
| [ ]  Yes [ ]  No | Does the drain terminate between 12 and 24 inches above the ground surface and discharges over an inlet structure or splash plate? If no, it is recommended that the discharge point be modified to provide for the appropriate air gap. | Not Required |

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| **Cleaning and Other Items** |
| **Significant Deficiency** | **Required Correction** | **Proposed Completion Date** | **Actual Completion Date** |
| Describe any other items noted by the inspector that have the potential to cause contamination of the finished drinking water:       | What repairs are suggested to prevent or eliminate the source of contamination?       |       |       |
| Depth of sediment found in the tank before cleaning (inches):       How was the storage tank cleaned?      How was the storage tank disinfected after cleaning?      List any objects found inside the tank during cleaning that may have introduced contamination into the water system (examples: debris, animals, etc):        |
| Please attach tank as-built drawings (if available) or a sketch of the tank’s configuration and dimensions including the location, layout and dimensions of all major components (i.e. access hatch, vent, overflow, drain) |