

**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:	

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:	
<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 Does the tank appear to be structurally sound?	If no, what repairs are suggested by the tank inspector?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

Air Vent

Significant Deficiency	Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Does the tank have a vent separate from the overflow?	If no, indicate proposed correction:		
Above Ground Tanks (Ground Level or Elevated) <input type="checkbox"/> Check if NA			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <u>Downturned vent:</u> Is the vent at least 24" above the roof?	If no reconfigure vent to provide proper air gap.		

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<u>Non-downturned vent</u> : Is there a solid cover down to the bottom of the vent screen?	If no, indicate deficiency and proposed correction:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<u>Non-downturned vent</u> : 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:		
<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Check if NA				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the vent covered with #24 mesh corrosion resistant screening?	If no, install proper #24 mesh corrosion resistant screening.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the air vent terminate downward?	If no, re-configure the vent so that it terminates downward.		
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		