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| **EPA Region 8 Drinking Water Unit**  **Finished Water Storage Tank Inspection: Drain**  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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| **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 | |