

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:	

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.		

Access Hatch				
Significant Deficiency		Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the hatch have a shoe box lid?	If no, a properly designed shoe box type lid should be installed.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the lid water tight and sealed with a neoprene rubber gasket?	If no, the reason for the lack of a seal should be investigated and repaired.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hatch locked?	If no, the hatch should be equipped with a lock.		

Overflow				
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 an overflow separate from the vent?	If no, indicate proposed correction:		
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overflow discharges over an inlet structure, splash plate, or engineered rip-rap?	If no, indicate proposed correction:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the overflow have an air gap of 3 or more pipe diameters above the entrance to any storm or sanitary sewers?	If yes, indicate proposed correction:		
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the overflow discharge point visible? If no, the discharge point must be made visible so it can be inspected.			

Drain				
Significant Deficiency		Required Correction	Proposed Completion Date	Actual Completion Date
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<u>Not Required</u>	

<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<u>Not Required</u>
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Cleaning and Other Items			
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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):

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If animal carcasses or other animal debris were found, was EPA notified immediately?
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was the entry point for the carcass or debris eliminated? Describe:
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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)