

EPA Region 9

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")

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
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" or 3 pipe diameters 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 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	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	Is the overflow directly connected to a sanitary sewer or storm drain?	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, it is recommended that the discharge point be moved to a location that is visible.		<u>Not Required</u>	

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>		

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)					