

EPA Region 8 Drinking Water Unit Unknown Integrity of Finished Water Storage Tank Hatch and Vent Checklist			
Fill out one checklist per storage tank & submit labeled photos of each tank component the sanitary surveyor was unable to access and completely evaluate 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:	_____

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. _____	_____	_____

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.	_____	_____

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.	_____	_____

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? _____	_____	_____