Massachusetts Department of Environmental Protection

RTCR-2

5.0	Atmospheric Storage Tanks Complete or	ne form for each atmospheric storage ta	ank.				
	Storage Tank Name:						
	Date of last complete storage tank inspection	n Interior Exterior		aned			
	List any unaddressed recommendations or	noted deficiencies from that inspection:					
	As part of this Level 2 Assessment, identify Exterior (ground level) Top	what was evaluated for this storage tar Interior Other	s storage tank:				
	Assessment Elements	Issue and/or Description					
	For any <u>shaded box</u> checked, it should be considered an issue and a description must be included.	*If any element has not been reviewed, you must include an explanation.	Yes	No	Not Reviewed*		
5.1	Were any concerns or deficiencies noted in the monthly (last 12 months) or annual tank inspection report? If yes, have they been addressed?						
5.2	Is the facility secured to prevent unauthorized access?						
5.4	Is there any evidence of intentional contamination and/or unauthorized access at the storage tank? <u>IMMEDIATELY</u> <u>Contact MA State Police and MassDEP</u>						
5.5	Does the drain/overflow line terminate at a minimum of 12" air gap?						
5.6	Are the overflow and vents properly screened (24-mesh non-corrodible)?						
5.7	Is the vent turned down and does it maintain an approved air gap at the termination point?						
5.8	Were there any observed leaks?						
5.9	Are there any unsealed openings in the storage facility, such as access doors, vents or joints? Does the access have the appropriate gasket?						
5.10	Was there any observed physical deterioration of the tank? Could the physical condition of the tank be a source of contamination?						
5.11	Has there been any recent tank maintenance (i.e. painting/coating)? If yes, when? If yes, was disinfection performed?						
5.12	Is there a mixer? If yes, is it being used continuously?						
5.13	Is lack of mixing or turnover an issue in the tank? Does excessive storage or variable demand contribute to turnover issues?						
5.14	What was the measured chlorine residual (total/free) of the water exiting the storage tank on the date of the assessment?						

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	List all storage tank corrective actions taken (including date). Include assessment element number.				
5.17	Other comments on the storage tank?				
5.16	Was the sample collected when the water was exiting the tank? Does the PWS have procedures to ensure that samples are collected when the tank is emptying?				
5.15	Where is the sample tap located? If it is a location representative of the tank, how far away is it from the tank?				