



5.0 Atmospheric Storage Tanks Complete one form for each atmospheric storage tank.

Storage Tank Name:

Date of last complete storage tank inspection. ____ Interior Exterior Cleaned

List any unaddressed recommendations or noted deficiencies from that inspection:

As part of this Level 2 Assessment, identify what was evaluated for this storage tank:

Exterior (ground level) Top Interior Other

Table with 5 columns: Assessment Elements, Issue and/or Description, Yes, No, Not Reviewed*. Rows 5.1-5.14 contain inspection questions and checkboxes.



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?				<input type="checkbox"/>
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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.17 Other comments on the storage tank?				
List all storage tank corrective actions taken (including date). Include assessment element number.				