



Massachusetts Department of Environmental Protection

PWS Monthly Storage Tank Inspection Log

Important: If filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Note 1: Climbing tanks for routine monthly inspections is not required. PWS may use binoculars to inspect top of tank. Any PWS that elects to climb a tank must comply with OSHA safety regulations.

Note 2: For more information on other tank inspections (for example, annual roof and 3-5 year interior/exterior inspections), refer to MassDEP Guidelines Chapter 8.1.22.

Note 3: All items may not be applicable to your system and should be so noted in the Action Taken column.

Note 4: This log information (1-21) may be documented on the monthly contract operator's inspection form or other form approved by MassDEP.

Instructions

1. Log applies to all finished drinking water storage tanks and structures. Log does not apply to a hydropneumatic tank or an in-ground clearwell.
2. Log must be kept on file for a minimum of 5 years for inspection by MassDEP.
3. Comments must be provided for any answers indicating problems or impending problems.
4. Photographs are recommended for documenting inspections.

Tank Name/Location:

Date:

PWS Name:

PWS ID:

Inspector's Name:

Signature*:

* I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Inspection Item:	Yes/No	N/A	Action Taken:
1. Are photographs to be taken during this inspection?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
2. Is there damage to the fence?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
3. Are there signs of vandalism?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
4. Are there signs of forced entry?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
5. Is there damage or corrosion to the ladder and/or cage?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
6. Is the roof cover/hatch closed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
7. Is the roof vent screen in place and clean? (If visible from ground level)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
8. Is the intrusion alarm operational?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
9. Is the tank overflowing?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
10. Is overflow pipe or box cover blocked?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
11. Is the ground level overflow screen in-place and intact?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
12. Does the ground level overflow have a 12-inch minimum air gap?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
13. Are there visible leaks?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
14. Is there exterior tank corrosion?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
15. Are trees or brush encroaching on the tank or structure?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
16. Are there visible foundation problems (i.e. settlement, deep cracking, anchor bolts rust, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
17. Is there a working exterior sampling station for the tank?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
18. Is the valve pit accessible and free of standing water?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
19. Are the cathodic protection meter readings acceptable?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
20. Are there signs of wind or earthquake damage?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	
21. Other concerns?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	