1. **General**

Type of Tank: Steel Concrete

Location of Tank: Above grade Below grade

Tank Dimensions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tank Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volume of Treated Water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m3

Tank Output metered: Yes No

Output Meter Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m3

Date:

1. **Inspection (every 6 months)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Water Level Checked |  |  |  |
| Control Valves in Normal open/close positions |  |  |  |
| Control Valves accessible |  |  |  |
| Control valves free of leaks |  |  |  |
| Alarm panel clear |  |  |  |
| Tank exterior free from signs of damage |  |  |  |
| Tank catwalk/ladder free from signs of damage |  |  |  |
| Tank vents free from signs of damage |  |  |  |
| Tank foundation free from signs of damage |  |  |  |

1. **Maintenance (3 years)**

Tank Interior inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Silt Removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Tank interior shows no signs of pitting |  |  |  |
| Tank interior shows no signs of corrosion |  |  |  |
| Tank interior shows no signs of spotting |  |  |  |
| Tank interior shows no sign of rot |  |  |  |
| Tank interior shows no signs of other deterioration |  |  |  |
| Tank interior shows no signs of local or general failure |  |  |  |

Check valve internally inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tank water level indicator tested for accuracy and freedom of movement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Signature:

Date: