

HMT JOB NUMBER:	26281659		
INSPECTION DATES:	FROM (MM / DD / YYYY)	2/14/2023	TO (MM / DD / YYYY)
			2/15/2023
RESPONSIBLE API INSPECTOR:	Aaron Crum	CERT. NO.:	88537

INTERNAL / EXTERNAL INSPECTION:	<input checked="" type="checkbox"/>	w/SHELL UT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	TANK FILES AVAILABLE FOR REVIEW:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXTERNAL ONLY INSPECTION:	<input type="checkbox"/>	w/SHELL UT	Yes <input type="checkbox"/> No <input type="checkbox"/>	APPROPRIATE PAPERWORK LEFT ON SITE:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
INTERNAL ONLY INSPECTION:	<input type="checkbox"/>	w/SHELL UT	Yes <input type="checkbox"/> No <input type="checkbox"/>	NUMBER OF SHELL COURSES:	7

GENERAL:	TANK NUMBER / IDENTIFICATION:	North Water Tank
	OWNER:	City of Johnstown Municipality
	CLIENT (IF DIFFERENT THAN OWNER):	Tanco Engineering
	TANK LOCATION:	Johnstown, CO
	TYPE OF FACILITY (Terminal, Refinery, Etc.):	Water Treatment Plant
	MANUFACTURER:	No Data Available
	DESIGN STANDARD:	Unknown
	PRODUCT PRIOR TO INSPECTION:	Potable Drinking Water
	DESIGN SPECIFIC GRAVITY:	1.0
	PRODUCT SPECIFIC GRAVITY:	1.0
	DESIGN PRESSURE:	Atmospheric
	OPERATING TEMPERATURE:	Ambient
	CATHODIC PROTECTION & TYPE:	None
	NAMEPLATE PRESENT (& Location):	Yes (Nameplate has been painted over and is not legible)
	DOT REGULATED:	No
LATITUDE:	40.3383693	
LONGITUDE:	-104.9455472	
DIMENSIONS:	DIAMETER:	50.0
	HEIGHT:	52.0
	CAPACITY GROSS:	18,185.10 bbls.
	OPERATING HEIGHT:	52.00
	CAPACITY NOMINAL:	18,185.10 bbls.

GEOMETRY:	FOUNDATION:	Concrete Ringwall
	BOTTOM:	Lap Welded
	SHELL:	Butt Welded
	MATERIAL OF CONSTRUCTION:	Carbon Steel (Grade Not Known)
	COURSE 1 AVERAGE THICKNESS:	0.559
	FIXED ROOF:	Lap Welded Self-Supporting Dome
	FLOATING ROOF:	N/A
	PRIMARY SEAL:	N/A
	SECONDARY SEAL:	N/A
DATES:	YEAR OF CONSTRUCTION:	1966
	SECOND BOTTOM & DATE INSTALLED:	N/A
	LAST COATED:	No Data Available
	LAST INSPECTION:	No Data Available
ACCESS:	STAIRWAY / ROOF ACCESS:	Vertical Ladder
	FLOATING ROOF ACCESS:	N/A
COATINGS / LININGS:	BOTTOM & DATE APPLIED:	External Shell and Dome Roof 2019
	SHELL:	External - White Paint
		Internal - Thin-Film Epoxy
	FIXED ROOF:	External - White Paint
Internal - Thin-Film Epoxy		
FLOATING ROOF:	Top Side - N/A Product Side - N/A	

Tank Records / History Comments	
	The tank owner has limited data available on the tank. The age of the tank was determined by a blueprint drawing of the water treatment facility being constructed and the tank is visible on the drawing tying into the facility piping.

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Foundation

Item No.	Acceptable	Ref 2.0	N/A		
F1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condition of foundation support (ref. API 653, Para. 4.5.1).	
F2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Perform bottom settlement survey (ref. API 653, Para. B.2.1). (ref. API 653, Para. 12.5.2 - Survey During Hydrostatic Testing & ref. API 650, Para. 7.3.6 – Hydrostatic Testing Requirements) Note: Ref. Para. B.2.2.5, If a well-defined rigid tilt plane cannot be determined or the maximum out-of-plane settlement determined in accordance with B.3.2.1 is exceeded, the procedures given in this section may be used in lieu of more rigorous analysis or repair.	
				5.47	Planar Tilt / Out-of-Level (inches)
				0.56	Out-of-Plane Settlement / Deflection (inches)
				0.51	Max. Permissible Out-of-Plane Settlement / Deflection (inches)
F3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and measure dimensions of all areas of tank bottom bulges, depressions & settlement (ref. API 653, Paras. B.2.5 & B.3.3).	
F4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and measure all areas of internal bottom edge settlement (ref. API 653, Paras. B.2.3 & B.3.4 Figs. B.11 / B.12).	
F5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concrete ringwall free of debris (ref. API 653, Para. 6.3.1).	
F6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete ringwall beveled away from tank.	
F7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete ringwall free of cracks, breaks, spalling, exposed rebar, etc. (ref. API 653, Para. 4.5.1).	
F8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earth eroded due to water running off the tank (ref. API 653, Paras. 4.4.2 & 6.3.1).	
F9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check for proper drainage and water runoff away from the tank (ref. API 653, Para. C.1.1.5).	
F10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check around the tank and within the dike for build-up of trash and vegetation (ref. API 653, Para. C.1.1.6).	
F11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Moisture barrier condition at bottom edge projection to concrete ringwall (ref. API 653, Para. 6.3.1).	
F12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indications of bottom leakage (ref. API 653, Para. 6.3.1).	
F13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cavities or holes around / under tank perimeter (ref. API 653, Paras. 6.3.1 & C.1.1.1).	
F14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for anchorage. Record sizes, spacing between anchors and condition (ref. API 653, Paras. 4.5.3 & 8.8).	
					Anchor Bolt Size (inches)
					Chair / Saddle or Strap Type
					Number of Anchors
				Spacing measured between Centerlines	

Foundation Limitations

F15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List any limitations to the foundation inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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Tank Size: **50.00'** Design Slope: **Unknown** Actual Slope:

Bottom Type: Cone Up Cone Down Flat Shovel Type

(ft.) Profile Measurement Data Form.
Distance between Measurements after Breakover Point toward Tank Center.

Station (ft)	Shell	Breakover R (ft.)	R Reading	B (inches)	Allowable	Type (Be/Bew/Ba)	In / Out	1'	2'	3'	4'	5'	6'
1	5.65							5.68	5.71	5.73	5.72	5.70	5.66
1.5	5.65							--	--	--	--	--	--
2	5.63							5.62	5.62	5.54	5.50	5.46	5.45
2.5	5.58							--	--	--	--	--	--
3	5.50							5.51	5.49	5.48	5.45	5.43	5.41
3.5	5.41							--	--	--	--	--	--
4	5.33							5.35	5.39	5.43	5.44	5.42	5.41
4.5	5.28							--	--	--	--	--	--
5	5.23							5.28	5.32	5.35	5.38	5.40	5.36
5.5	5.20							--	--	--	--	--	--
6	5.22							5.24	5.25	5.28	5.31	5.30	5.25
6.5	5.27							--	--	--	--	--	--
7	5.31							5.37	5.38	5.41	5.45	5.48	5.51
7.5	5.43							--	--	--	--	--	--
8	5.54							5.58	5.65	5.67	5.64	5.63	5.64
8.5	5.61							--	--	--	--	--	--

Station (Survey Location): Station should be identified on the drawing and is measured CCW from Manway A.

R: Radius measured from Shell.

B: Difference between Shell and R Reading.

Allowable: Maximum allowable settlement from Annex B.

Type (Be / Bew / Ba): Category for Maximum Allowable Edge Settlement (ref. API 653, Para B.3.4).

In / Out / 75%: Recommendation for comparing actual to allowable readings.

Yes No N/A NDT examination on welds in tanks with edge settlement greater than or equal to 75% of Bew and larger than 2 inches performed.

Yes No N/A Data for rigorous stress analysis collected?

Type of NDT Performed: Magnetic Particle (MT) Liquid Penetrant (PT) Alternating Current Field Measurement (ACFM)

Other (describe):

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Survey was conducted

Internally CCW from Manway "A" located at Station 0.0.

The survey was performed from the horizontal weld between Courses 1 and 2.

Shovel Type Bottom Detail

Rod readings taken in Feet Inches

Circumferential distance between readings (ft.):	19.635
Permanent Benchmark Reference Elevation	
Tank Height	52.00
Product Height	0.00

Station	Shell	10'	20'	30'	40'	50'	60'	70'	80'	90'	100'	110'	120'	130'	140'	150'	Center
1	5.65	5.57	5.58														5.43
2	5.63	5.40	5.38														5.43
3	5.50	5.35	5.34														5.43
4	5.33	5.40	5.37														5.43
5	5.23	5.40	5.36														5.43
6	5.22	5.30	5.43														5.43
7	5.31	5.58	5.58														5.43
8	5.54	5.78	5.73														5.43

Note: If a well-defined rigid tilt plane cannot be determined or the maximum out-of-plane settlement determined in accordance with B.3.2.1 is exceeded, the procedures given in this section may be used in lieu of more rigorous analysis or repair (ref. API 653, Para. B.2.2.5).

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PROVIDE SKETCH OF DIKE AREA WITH BENCHMARK LOCATION IDENTIFIED:

N

TANK NO.
North Water Tank

1. Tank Elevation Performed from Course 1 to Course 2 Horizontal: R1 + R2 = Elevation Difference

2. Tank Elevation Performed from Bottom Edge Projection: R1 – R2 = Elevation Difference

Survey Point Used	1
Survey Point Reading (ft.)	4.35
Benchmark Reading (ft.)	2.17

2wsx 4

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Bottom

Item No.	Acceptable	Ref 2.0	N/A			
B1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bottom edge projection condition (corroded or pitted, thinning, deformed, obstructed) (ref. API 653, Paras. 4.4.5.7 & 6.3.1.3).		
				Area(s) of Bottom Edge Projection with Thickness Less than 0.100 inch? <input type="checkbox"/> Yes (Document all locations and projection thickness measurement in Section 2.0) <input checked="" type="checkbox"/> No (Document lowest remaining thickness based on UT collected) Area(s) of Bottom Edge Projection with Projection Less than 3/8 inch? <input type="checkbox"/> Yes (Document all locations in Section 2.0) <input checked="" type="checkbox"/> No (Document location and current minimum bottom edge projection)		
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record minimum bottom plate thickness requirements (ref. API 653, Para. 4.4.5).		
				Note: Minimum bottom plate thickness requirements for the critical zone could vary from the thickness requirements for other areas of the bottom and should be calculated according to API 653, Para. 4.4.5.4.		
				Note: Minimum bottom plate thickness requirements for the annular ring should be calculated according to API 653, Para. 4.4.6.2 as applicable.		
					Soil Side	Product Side
				Bottom Plate Recording Criteria	0.165	0.085
				Sketch Plate Recording Criteria	0.165	0.085
				Critical Zone Recording Criteria	0.180	0.070
				Annular Ring Plate Recording Criteria	N/A	N/A
Nominal Bottom Plate Thickness	0.250 inch					
Nominal Sketch Plate Thickness	0.250 inch					
Nominal Annular Plate Thickness	N/A					
Annular Plate Width	N/A					
B3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MFL scan of accessible bottom plates. Quantify all findings (ref. API 653, Paras. 4.4.4 & 4.4.5).		
				Lowest Remaining Thickness		
				0.200		
B4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual inspection of bottom plate surface condition (ref. API 653, Para. 4.4.1).		
B5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct Ultrasonic thickness readings of bottom plates. Record all data (ref. API 653, Para. 4.4.4).		
				Number of Readings per Plate	1	
B6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locate unacceptable voids beneath bottom. Record the locations (ref. API 653, Para. 4.4.2.h & j & API 653, Para. 9.10.2.1.3).		
B7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection of bottom plate lap welds (for reportable indications or other anomalies) (ref. API 653, Para. 4.4.2, / Fig. 9.1).		
B8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Vacuum Box testing of bottom lap welds.		
B9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal shell-to-bottom weld condition (ref. API 653, Para. 4.4.2).		
B10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Magnetic Particle testing of internal shell-to-bottom weld.		
B11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Vacuum Box testing of internal shell-to-bottom weld.		
B12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all signs of product leakage.		
B13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floating roof leg striker plate condition (pitting, cutting, and dimpling).		
B14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fixed roof column bearing / base plate condition (corrosion, weld failure).		
B15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fixed roof column lateral clips (align tank columns) (ref. API 650, Para. 5.10.4.7).		

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Item No.	Acceptable	Ref 2.0	N/A	
B16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct Visual inspection of reinforcing, bearing, base, striker plates and existing lap patches (ref. API 650, Paras. 5.10.4.7, H.4.6.7 & API 653, Paras. 9.10.2.2 & 9.10.3 & Fig. 9.13).

Bottom Limitations

B17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List any limitations to the bottom inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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Sump

Item No.	Acceptable	Ref 2.0	N/A	
BS1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Describe sump type / condition. Details include physical dimensions (ref. API 653, Paras. 4.4.2, 9.10.1.5 & C.2.3 and API 650, Table 5.16b & Fig. 5.21). <input type="checkbox"/> Dished <input type="checkbox"/> Cylindrical w/flat bottom <input type="checkbox"/> large (bathtub) <input type="checkbox"/> Special (describe): Additional form used for Sump UT, VT & dimensions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BS2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Visual inspection of the sump (including all sump welds).
BS3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Magnetic Particle testing examination on all sump welds (including sump-to-bottom weld).
BS4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Sump UT. Record lowest UT reading per grid in sump UT form. Note: Nominal thickness, defect type and location.

Sump Limitations

BS5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	List any limitations to the sump inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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Item No(s)	Additional Inspection Comments
B1	The bottom edge projection is buried under a heavy amount of vegetation from 100.50 feet through 138.20 feet counterclockwise of shell Manway A. <i>This area should be re-worked to remove the vegetation away from the tank and to allow for Visual (VT) inspection of the bottom edge projection at all times (ref. API 653, Para. 6.3.1).</i>
B2	The tank bottom was MFL scanned to a 20 year bare steel threshold of 0.165 soilside and 0.085 product side pitting on the inner and sketch plates. The critical zone was inspected to a threshold of 0.180 soilside and 0.070 product side pitting. The MFL inspection found the lowest soilside indication to be an 0.200 inch remaining wall thickness on floor plate 4, this indication will not require repair. On floor plate 11 there were 2 product side pits that were below threshold and will require repair, the pits were 0.135 and 0.155-inches deep. <i>The pits on plate 11 should be repaired by puddle welding then grounding smooth or by installing a 12"x12" lap welded patch plate over the top of the pits before returning the tank to service.</i>
B3	The lowest soilside indication found was 0.200 inch remaining wall thickness on floor plate. This indication does not require repair. This is noted for information only.
B4	The tank bottom has multiple areas of coating failure on the older coating and on the coating repairs that were made several years ago. Per the client a new tank bottom liner is to be installed after tank repairs are completed.

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PLATE NO. /	READINGS (in inches)				Station NO. /	Critical Zone UT Scrubs (in inches)			
	1					Min	Mx		
1	0.272				1	0.255	0.260		
2	0.274				2	0.250	0.272		
3	0.256				3	0.250	0.260		
4	0.257				4	0.249	0.272		
5	0.270				5	0.256	0.270		
6	0.252				6	0.258	0.272		
7	0.240				7	0.251	0.275		
8	0.255				8	0.256	0.268		
9	0.251								
10	0.258								
11	0.257								
12	0.248								
13	0.256								
14	0.258								
15	0.264								

BOTTOM EDGE PROJECTION READINGS
(in inches)

STATION NO.	Reading
1	0.267
2	0.270
3	0.253
4	0.249
5	0.251
6	
7	
8	0.251
Avg.:	0.257
Min.:	0.249

Bottom Edge Projection UT readings could not be recorded at stations 6 and 7 due to heavy vegetation build up.

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No sump in tank

API Standard Sump Detail	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Dish Style Sump Detail	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Sump No. / ID. (if applicable)	
Sump Diameter (in inches):	
Sump Depth (in inches):	
Penetrating Nozzle Size:	
Penetrating Nozzle Letter:	
Bottom Plate Number:	

API STANDARD SUMP UT			
SIDE WALL (NORTH, SOUTH, EAST, WEST)			
N	READING	S	READING
1		1	
2		2	
3		3	
4		4	
E	READING	W	READING
1		1	
2		2	
3		3	
4		4	
STANDARD SUMP BOTTOM (X-PATTERN)			
North to South	READING	East to West	READING
1		1	
2		2	
3		3	
4		4	
5		5	

Y	N/A					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional UT of suspect areas.				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional UT per scope of work (document accordingly)				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Photographs taken				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sump(s) included on Bottom Layout				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Product side corrosion present	Max. depth:		Avg. depth:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments / Limitations:				

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SIGNIFICANT BOTTOM FINDINGS

HOLES	Interior Plates	Critical Zone	Sketch Plates	Annular Ring
Number of holes located and measured.	0	0	0	--
Number of holes resulted from product side corrosion.	0	0	0	--
Number of holes resulted from soil side corrosion.	0	0	0	--
PRODUCT SIDE METAL LOSS				
Number of areas of PRODUCT SIDE metal loss located and measured.	2	0	0	--
Lowest remaining thickness.	0.095	0.248	0.248	--
(Estimated / Collected) Average depth of product side metal loss.	0.145	0.002	0.002	--
Maximum depth of product side metal loss.	0.155	0.002	0.002	--
Non recordable lowest remaining thickness if no corrosion found at recording criteria (information only).	--	--	--	--
SOIL SIDE METAL LOSS				
Number of areas of SOIL SIDE metal loss located and measured.	4	0	0	--
Lowest remaining thickness.	0.240	0.248	0.200	--
(Estimated / Collected) Average depth of soil side metal loss.	0.010	0.002	0.010	--
Maximum depth of soil side metal loss.	0.010	0.002	0.050	--
Non recordable lowest remaining thickness if no corrosion found at recording criteria (information only).	--	--	0.200	--
GENERAL CORROSION				
Average depth of general corrosion typically taken from UT readings with respect to the nominal thickness.	0.005	0.002	0.005	--

Tank Bottom Data:

Nominal Bottom / Interior Bottom Plate Thickness:	0.250
Nominal Bottom Sketch Plate Thickness:	0.250
Nominal Annular Ring Plate Thickness:	N/A
Annular Ring Plate Width:	N/A

Tank Bottom Data Per Client:

Minimum Allowable Bottom / Interior Bottom Plate Thickness:	0.100
Minimum Allowable Critical Zone Thickness:	0.125
Minimum Allowable Sketch Plate Thickness:	0.100
Minimum Allowable Annular Ring Plate Thickness:	N/A

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External Shell

Item No.	Acceptable	Ref 2.0	N/A	
S1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shell weld / seam condition. Perform shell thickness calculations (ref. API 653, Paras. 4.3.3.1, 4.3.4, 4.3.8 & 4.3.10). <input checked="" type="checkbox"/> Butt Welded <input type="checkbox"/> Lap Welded <input type="checkbox"/> Butt / Lap Riveted
S2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Record number and pattern of rivets or bolts (ref. API 653, Table 4.3).
S3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check exterior shell-to-bottom weld condition (ref. API 653, Para. 6.3).
S4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all signs of product leakage (exterior) (ref. API 653, Para. 6.3).
S5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Magnetic Particle testing of exterior shell-to-bottom weld (ref. API 653, Para. 4.3.6).
S6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coating condition (ref. API 653, Para. 6.3). (Coating failure such as blistering, thinning, cracks, or discolored.)
S7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shell condition (deformations, corrosion, pitting) (ref. API 653, Para. 4.3).
S8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rivet condition (worn, corroded, loose rivet sealer, leaking).
S9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform UT thickness readings on shell per job scope.
S10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect support welds to shell for corrosion or defects.
S11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wind girder / shell stiffeners condition (corrosion, weld failure) (ref. API 653, Para. 4.3.7).
S12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note whether supports have reinforcing pads welded to shell.
S13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shell-mounted vents / overflow slots present. Check for debris covering and condition of screens (ref. API 650, App. H, Para. H.5.3.3). <input type="checkbox"/> Yes <input type="checkbox"/> No Screens present Number of Vents <input type="text"/> Approx. Dimensions (inches) X <input type="text"/> Number of Overflow Slots <input type="text"/> Approx. Dimensions (inches) X <input type="text"/>
S14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct Visual inspection of shell insulation. Inspect for damage (ref. API 653, Para. 6.3.2.2).

Internal Shell

S15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual inspection of the internal shell surface for corrosion and pitting (ref. API 653, Para. 4.3).
S16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection of interior shell welds / seams (ref. API 653, Para. 4.3.8).
S17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of rivets (check for corrosion pitting, or looseness and riveted seams leaks).
S18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect support welds to shell for corrosion or defects.
S19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note whether supports have reinforcing pads weld to shell.

External & Internal Shell

S20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List any limitations to the shell inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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HMT Inspection API 653 Inspection Checklist	HMT Job No.	26281659
	Tank No.	North Water Tank

Shell Thickness Calculations

The minimum acceptable shell plate thickness for tanks with a diameter equal to or less than 200 feet is calculated as follows (ref. API 653, Para. 4.3.3.1):

$$t_{min} = \frac{2.6 D(H - 1) G}{S E}$$

Where: H = Product Height (ft.)
 D = Nominal Diameter of Tank (ft.)
 S = Allowable Stress (psi) – **See below**

21,000	Riveted tanks
23,600	Courses 1 and 2 for Welded tanks
26,000	Upper Courses for Welded tanks

G = Specific Gravity of Contents
 E = Joint Efficiency – **See Tables**

Table 4-2 – Joint Efficiencies for Welded Joints					Table 4-3 – Joint Efficiencies for Riveted Joints		
Standard	Edition & Year	Type of Joint	Joint Efficiency E	Applicability or Limits	Type of Joint	Number of Rivet Rows	Joint Efficiency E
API 650	7 th & Later (1980-Present)	Butt	1.00	Basic Standard Appendix A – Spot RT	Lap	1	0.45
		Butt	0.85		Lap	2	0.60
		Butt	0.70		Lap	3	0.70
	1 st – 6 th (1961-1978)	Butt	0.85	Appendix A – No RT	Lap	4	0.75
			1.00		Butt ^a	2 ^b	0.75
		Butt	1.00	Butt	3 ^b	0.85	
API 12C	14 th & 15 th (1957-1958)	Butt	0.85	Basic Standard Appendices D & G	Butt	4 ^b	0.90
		Butt	1.00		Butt	5 ^b	0.91
	3 rd – 13 th (1940-1956)	Lap ^a	0.75	3/8 inch max t	Butt	6 ^b	0.92
		Butt ^c	0.85		7/16 inch max t	All butt joints listed have butt straps both inside and outside.	
		Lap ^a	0.70				Number of rows on each side of joint centerline.
		Lap ^b	0.50 + $k/5$				
1 st & 2 nd (1936-1939)	Lap ^b	0.50 + $k/5$	1/4 inch max t				
	Butt ^c	0.85					
Unknown		Lap ^a	0.70	7/16 inch max t			
		Lap ^b	0.50 + $k/5$	1/4 inch max t			
		Butt ^c	0.70				
		Lap ^d	0.35				

- ^a Full double lap weld.
Full fillet weld with at least 25 percent intermittent full fillet
- ^b opposite side; k = percent of intermittent weld expressed in decimal form.
- ^c Single butt welded joints with a back-up bar were permitted from the years of 1936 to 1940 and 1948 to 1954.
- ^d Single lap weld only.

COMPLETE TABLE ON NEXT PAGE

HMT Inspection API 653 Inspection Checklist	HMT Job No.	26281659
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Course	Course Height (in.)	Material of Construction	Allowable Stress (psi)	No. of Rivet Rows (Butt or Lap)	Joint Efficiency	Average Thickness (in.)	Required Thickness (in.)
1	96	CS (Grade Not Known)	23,600		0.70	0.559	0.401
2	96	CS (Grade Not Known)	23,600		0.70	0.511	0.338
3	96	CS (Grade Not Known)	26,000		0.70	0.361	0.250
4	84	CS (Grade Not Known)	26,000		0.70	0.319	0.193
5	84	CS (Grade Not Known)	26,000		0.70	0.250	0.143
6	84	CS (Grade Not Known)	26,000		0.70	0.253	0.100
7	84	CS (Grade Not Known)	26,000		0.70	0.250	0.100
Top Angle			N/A	N/A	N/A		N/A

- Yes No Variable Point Method used?
 Yes No Elevated Temp. Tank (ref. API 650, Appendix M & API 653, Para. 4.3.10)
 Yes No Change of Service (ref. API 653, Para. 4.2.4 as applicable)

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Shell Corrosion Rate Calculations

When the corrosion rate is not known, the maximum interval shall be 5 years (ref. API 653, Para. 6.3.3.2 a). When the corrosion rate is known, the maximum interval shall be the smaller of RCA / 2N years or fifteen (15) years (ref. API 653, Para. 6.3.3.2 b):

$$RCA = t_{act} - t_{min}$$

$$N = \frac{t_{prev} - t_{act}}{Y}$$

$$I_{UT} = \frac{t_{act} - t_{min}}{2N}$$

Where:

RCA = See Table = Difference between the measured shell thickness and the minimum required thickness in inches.

N = See Table = Shell corrosion rate in inches per year

Y = **Years in service** =

I_{UT} = See Table = Inspection interval for the next Ultrasonic (UT) testing, in years (not to exceed 15 years)

Course No.	Previous Measured Average Thickness (in.) (t _{prev})	Current Measured Average Thickness (in.) (t _{act})	Material Loss (in.)	Minimum Required Thickness (in.) (t _{min})	RCA (in.)	Corrosion Rate (in./yr.) (N)	Next Ultrasonic (UT) Thickness Inspection (years) (I _{UT})
1	0.563	0.559	0.004	0.401	0.158	0.000	15
2	0.500	0.511	0.000	0.338	0.173	0.000	15
3	0.375	0.361	0.014	0.250	0.111	0.001	15
4	0.312	0.319	0.000	0.193	0.126	0.000	15
5	0.250	0.250	0.000	0.143	0.107	0.000	15
6	0.250	0.253	0.000	0.100	0.153	0.000	15
7	0.250	0.250	0.000	0.100	0.150	0.000	15

Yes No Original (Nominal) Shell UT Available for RCA Calculations?

Yes No Previous Shell UT Available for RCA Calculations?

If previous readings were provided from a past inspection report, what year were the previous readings taken?

No Data Available

NOTE: Original data will establish a Long-Term Corrosion Rate (LTCR) while previous inspection data will provide a Short-Term Corrosion Rate (STCR).

NOTE: Without established Condition Monitoring Location (CML) points, data collection locations may vary between inspections.

Yes No UT Inspection stickers were placed on tank by HMT?

Yes No Existing Inspection stickers / CMLs were present?

Yes No Copies made of the past UT data for the HMT file?

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External Inspection Interval Calculations

The external inspection interval shall be the lesser of 5 years or $RCA / 4N$ (API 653, Para. 6.3.2.1):

$$RCA = t_{act} - t_{min}$$

$$N = \frac{t_{prev} - t_{act}}{Y}$$

$$I_{VT} = \frac{t_{act} - t_{min}}{4N}$$

Where:

RCA = See Table = Difference between the measured shell thickness and the minimum required thickness in inches.

N = See Table = Shell corrosion rate in inches per year

Y = **Years in service** =

I_{VT} = See Table = Inspection interval for the next Visual Inspection in years (not to exceed 5 years)

Course No.	Previous Measured Average Thickness (in.) (t_{prev})	Current Measured Average Thickness (in.) (t_{act})	Material Loss (in.)	Minimum Required Thickness (in.) (t_{min})	RCA (in.)	Corrosion Rate (in./yr.) (N)	Next External Visual Inspection (years) (I_{vt})
1	0.563	0.559	0.004	0.401	0.158	0.000	5
2	0.500	0.511	0.000	0.338	0.173	0.000	5
3	0.375	0.361	0.014	0.250	0.111	0.001	5
4	0.312	0.319	0.000	0.193	0.126	0.000	5
5	0.250	0.250	0.000	0.143	0.107	0.000	5
6	0.250	0.253	0.000	0.100	0.153	0.000	5
7	0.250	0.250	0.000	0.100	0.150	0.000	5

Item No(s)	Additional Inspection Comments

HMT Inspection API 653 Inspection Checklist	HMT Job No.	26281659
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ULTRASONIC (UT) SHELL DROPS	OWNER/CLIENT		Johnstown Mun. / Tanco Eng.		HMT JOB NO.		26281659	
	LOCATION		Johnstown, CO		DATE		2/14/2023	
Drop No.:	(ALL MEASUREMENTS ARE IN INCHES)							
READING	COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5	COURSE 6	COURSE 7	
1	0.557	0.513	0.362	0.319	0.251	0.254	0.252	
2	0.560	0.512	0.361	0.319	0.250	0.253	0.250	
3	0.563	0.509	0.361	0.318	0.249	0.253	0.248	
Drop Avg.	0.560	0.511	0.361	0.319	0.250	0.253	0.250	
1	0.561							
2	0.560							
3	0.558							
Drop Avg.	0.560							
1	0.558							
2	0.561							
3	0.562							
Drop Avg.	0.560							
1	0.555							
2	0.556							
3	0.554							
Drop Avg.	0.555							

HMT Inspection API 653 Inspection Checklist	HMT Job No. 26281659
	Tank No. North Water Tank

External Nozzles and Appurtenances

Item No.	Acceptable	Ref 2.0	N/A	
N1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document nozzle / manway information on the Nozzle and Appurtenance Table (ref. API 653, Para. 4.3.9).
N2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaluate nozzle(s) / manway(s) acceptability to current API 650 / 653 guidelines. Weld spacing, centerline, reinforcement size, nozzle neck thickness (inspect shell nozzles for thinning, pitting and coating failure) and telltale holes, etc. (ref. API 650, Paras. 5.7, 5.7.5.1 and 5.7.2.10 & API 650, Table 5.6B & Fig. 5.8).
N3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual inspection of all external welds (ref. API 653, Para. 4.3.9.1).
N4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indications of leakage around manways, nozzles, flanges and appurtenances (including reinforcement, bolting, gaskets and seals).
N5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check piping and valves for leaks, thermal relief, or signs of damage (ref. API 653, Para. C.1.3.2).
N6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect mixer(s) for support, leakage and defects (ref. API 653, Para. C.1.3.6).
N7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof drain leakage
N8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Temperature indicators / probes (corrosion, mechanical damage).
N9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic gauge condition (corrosion, mechanical damage) (ref. API 653, Para. C.1.3.3 & API 653, Para. 6.9.3b).
				Mfg.: Mercoid S/N: N/A
				Model: SBLT2-25-60 Type (See Below):
				<input type="checkbox"/> Tape & Float <input type="checkbox"/> Radar <input type="checkbox"/> Target Board Indicator <input checked="" type="checkbox"/> Other (describe): Submersible Level Transducer
N10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check welds on shell-mounted davit clips above large valves or equipment (ref. API 650, Para. 5.8.3.5 & API 653, Para. C.1.3.2h).
N11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welds on stairways / ladders, gauge platform / ladder, landing platform stringers (corrosion, broken, coating failure) (ref. API 650, Para. 5.8.1.2.a & API 653, Para. C.2.12.4).
N12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verify requirements for Platforms, Walkways & Stairways (ref. API 650, Table 5.17 & Table 5.18). Note: Retrofit of existing tanks is not required.

Item No(s)	Additional Inspection Comments
N2	Nozzle B has a reinforcing plate without a telltale hole. API 650, Paras. 5.7.5.1 and 5.7.2.10 indicate reinforcing plates should be installed with telltale holes. A Telltale holes should be drilled and the reinforcing plate air tested to API standards. The telltale holes should then be left open to the atmosphere.
N2	Nozzles A and B have a weld spacing between their reinforcing plates and the shell-to-bottom joint less than that required by API 650, Para. 5.7.3. Such practices results in areas of increased stress concentration and possible accelerated corrosion. Visual (VT) inspection of these nozzles did not identify any such corrosion at this time. These reinforcing plates and the adjacent shell-to-bottom weld should be inspected utilizing Magnetic Particle (MT) testing (ref. API 653, Para. 4.3.9.1) prior to returning the tank to service. Consideration should be given to modifying these penetration details in accordance with API 650 guidelines the next time this tank has major repairs to the shell or when hydrostatic testing is required for other reasons.
N2	Shell Coupling D is a 4 inch shell penetration that does not have a reinforcing plate as suggested by API 650, Para. 5.7.2.1 that states "Openings in tank shells larger than required to accommodate a NPS 2 flanged or threaded nozzle shall be reinforced". Reinforcing plates can be added around this penetration details the next time this tank has major repairs to the shell or calculations performed to verify that these openings are adequately reinforced as installed.
N2	Shell Coupling D has a weld spacing between the neck weld and the shell-to-bottom joint less than that required by API 650, Para. 5.7.3. Such practices results in areas of increased stress concentration and possible accelerated corrosion. Visual (VT) inspection of these nozzles did not identify any such corrosion at this time. These reinforcing plates and the adjacent shell-to-bottom weld should be inspected utilizing Magnetic Particle (MT) testing (ref. API 653, Para. 4.3.9.1) prior to returning the tank to

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	<i>service. Consideration should be given to modifying these penetration details in accordance with API 650 guidelines the next time this tank has major repairs to the shell or when hydrostatic testing is required for other reasons.</i>
N3	On the underside of the shell to neck weld of Coupling D there is a moderate size area of poor weld quality, coating failure and corrosion present. <i>The area should be properly cleaned, rewelded, and recoate before plcing the tank back into service.</i>
N3	Shell Overflow Nozzle C has a galvanized shell support brace in course 1 that is only welded to the overflow pipe and not the shell. <i>The brace should be properly welded to the external shell with a pad plate between the support brace and the external shell before placing the tank back into service.</i>
N12	Vertical Ladder E is roughly a 45 foot tall ladder that does not have a safety cage around it and does not have a mid-platform for OSHA requirements. <i>While the tank is out of service consideration should be given to installing a proper caged vertical ladder and mid-platform before returning the tank to service.</i>

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Internal Nozzles and Appurtenances

Item No.	Acceptable	Ref 2.0	N/A	
N13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shell nozzle and Internal piping condition.
N14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot tap nozzles (sealed internally) (ref. API 653, Para. 9.14 & Table 9.1 & API 653, Para. 12.1.2.1b).
N15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for possible causes of damage to the seal (i.e. nozzle interference).
N16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection of all welds (ref. API 653, Para. 4.3.9.1) (weld defects and location).
N17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check automatic gauge condition.

Internal Appurtenances / Floating Suction Line

N18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of internal piping and connection condition (corrosion, cracking).
N19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of piping supports and pads (structurally adequate, weld failure).
N20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Determine condition / length of swing line / limit chain (ref. API 653, Para. C. 2.11.6).
				Length: <input style="width: 150px;" type="text"/>
				Pontoon Diameter: <input style="width: 100px;" type="text"/>
				Pontoon Length: <input style="width: 100px;" type="text"/>

Internal Appurtenances / Floating Roof Drain

N21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type and condition (cutting or dragging on tank bottom) (ref. API 650, Para. 4.2.3.3 & API 653, C. 2.10).
N22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Internal piping and connection condition (corrosion, cracking).
N23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for obstructions that pipe could catch on (ref. API 650, Para. 5.8).
N24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swing line hold-down cable (damaged or loose).
N25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swing line safety hold-down chains (corrosion, weak links).

External & Internal Nozzle Limitations

N26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List any limitations to nozzle & appurtenance inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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Item No(s)	Additional Inspection Comments

HMT Inspection API 653 Inspection Checklist											HMT Job No.	26281659
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Item	Description	Pipe Size (in.)	Station (ft.)	CL Elev. (in.)	Reinforcing Plate					1 or 2 Piece	Neck Thick (in.)	Flng Thick (in.)	Shell-to-Flng Face (in.)	Cover Thick (in.)	Tell-tale	Weld Space (in.)	Comments
					Width (in.)	Height (in.)	Thick (in.)	Shape									
A	Manway	24	0.00	30	64	53	0.252	A	1	0.320	0.626	6.5	0.763	Y-1	2		
B	Nozzle	16	54.60	25	42	42	0.512	B	1	0.343	1.544	17	--	No	2		
C	Nozzle	8	148.65	Ring 7	--	--	--	--	--	0.317	--	--	--	--	--	Overflow	
D	Coupling	4	151.00	3	--	--	--	--	--	--	--	--	--	--	0.25		
E	Vertical Ladder	--	153.70	--	--	--	--	--	--	--	--	--	--	--	--		

Assign a letter (M-Z) to odd-shaped reinforcing plates, TAKE A PHOTO and sketch a representation on back.

Shape



Total Strapped Circumference = 157.38	Stairway: CW <input type="checkbox"/> CCW <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (Describe): Vertical Ladder
(Include stairway bottom & top locations in above table)	

Vertical Rivet Seam / Weld locations

The stations are measured circumferentially counterclockwise from Manway A Other (Describe Below)

COURSE 1 VERTICAL RIVET SEAM / WELD LOCATIONS:

1)	6.72	2)	32.95	3)	59.18	4)	85.41	5)	111.63	6)	137.86						
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COURSE 2 VERTICAL RIVET SEAM / WELD LOCATIONS:

1)	19.85	2)	46.10	3)	72.30	4)	98.55	5)	124.80	6)	151.00						
----	-------	----	-------	----	-------	----	-------	----	--------	----	--------	--	--	--	--	--	--

VERTICAL RIVET SEAM / WELD OFFSET FOR COURSES 3, 4, 5, etc.

3)	6.72	4)	19.85	5)	6.72	6)	19.85	7)	6.72								
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Supplemental Nozzle UT

Nozzle ID Item	Clock Position				Average
	12	3	6	9	
A	0.320	0.320	0.321	0.320	0.320
B	0.345	0.345	0.345	0.343	0.345
C	0.322	0.317	0.319	0.319	0.319

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Fixed Roof

Does the tank have a fixed roof? Yes No If no, the entire fixed roof section is N/A.

Item No.	Acceptable	Ref 2.0	N/A	
FR1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof plate condition (corrosion, pitting, coating failure, standing water / low areas). Locate on layout (ref. API 653, Paras. 4.2.1.1 & 4.2.1.2).
FR2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Perform UT thickness readings on roof per work scope.
FR3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct Visual inspection of roof-to-shell joint (ref. API 653, Para. 4.2.2).
FR4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct Visual inspection of roof insulation. Inspect for damage (ref. API 653, Paras. 6.3.1 & 6.3.2.2).
FR5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manway / nozzle / appurtenance condition (ref. API 653, Para. 4.2.4.5 & API 650, Para. H.5.2.2).
FR6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify pressure / vacuum vents or vents (quantity and sizes) (ref. API 653, Para. 4.2.4.5 / API 650, Para. H.5.2.2 / API 650, Para. 5.8.5).
				Type: Center Circulation Vent Quantity: 1 Size:
				Type: Quantity: Size:
FR7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect pressure / vacuum vent pallet assembly seals and screens (weathering) (ref. API 653, Para. 4.2.4.5 & API 650, Para.H.5.2.2).
FR8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gauge hatch (clean, operates freely and seals properly).
FR9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold cable support is present and is in good condition (ref. API 650, Para. 5.8.8 and Figure 5.22).
FR10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of high-level and high-high-level alarms for damage (ref. API 653, C.2.10.10).

Aluminum Dome Roof

FR11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check perimeter flashing for damage.
FR12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evidence of leaking panels (presence of water on internal floating roof).
FR13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Deterioration of skylights (crazing caused by UV light, cracking) (ref. API 650, Para. G.2.6).
FR14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Panel caulking and seals (entire roof) (ref. API 650, Para. G.2.5.1).
FR15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rain gutters (damaged or broken).
FR16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dome overhang screens in place and in good condition.
FR17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check dome roof support details for signs of damage or malfunction.
FR18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check roof for pinholes, tears, or other damage to the aluminum sheeting.

Item No(s)	Additional Inspection Comments
FR2	The inspection of the dome roof was performed from the manlift basket limiting the roof visual inspection and UT inspection. The UT readings were recorded on plates that were accessible by manlift. The UT readings ranged from 0.215 to 0.222 inches. This is noted for information only.

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		Tank No.	North Water Tank

Item No.	Acceptable	Ref 2.0	N/A	
FR19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type of column, size and number (pipe, structural) (ref. API 653, Paras. 4.2.2.1 & 4.4.2i).
	Type of Supports: <input type="checkbox"/> Pipe Column <input type="checkbox"/> Channel Column <input type="checkbox"/> Other			
	Number of Supports: <input type="text"/>			
	Number of rafters (working from center)			
	Bay 1		<input type="text"/>	
	Bay 2		<input type="text"/>	
	Bay 3		<input type="text"/>	
	Bay 4		<input type="text"/>	
	Bay 5		<input type="text"/>	
	Bay 6		<input type="text"/>	
	Mark the Fixed Roof Column Type (draw the Fixed Roof Column Type if different from examples)			
	<input type="checkbox"/> A		<input type="checkbox"/> B	
<input type="checkbox"/> C		<input type="checkbox"/> D		
<input type="checkbox"/> E		<input type="checkbox"/> F		
<input type="checkbox"/> G		<input type="checkbox"/> H		
<input type="checkbox"/> Other				
Fixed Roof Column Measurements				
A		<input type="text"/>		
B		<input type="text"/>		
C		<input type="text"/>		
D		<input type="text"/>		
E		<input type="text"/>		
H Type Only:				
Pipe Diameter		<input type="text"/>		
Thickness		<input type="text"/>		
Center Column Reinforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Base Plate		<input type="text"/>		
Thickness		<input type="text"/>		
Bearing Plate		<input type="text"/>		
Thickness		<input type="text"/>		
Other Column Reinforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Base Plate		<input type="text"/>		
Thickness		<input type="text"/>		
Bearing Plate		<input type="text"/>		
Thickness		<input type="text"/>		
FR20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check columns for plumbness, bending or distortion (ref. API 653, Paras. 4.2.2.1 & 10.5.2.1).
FR21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Condition of structural columns (check for corrosion, scale, breaking of tack welds) (ref. API 653, Para. 4.2.2.1 & API 650, Para. 5.10.3.2).
FR22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rafter condition (ref. API 653, Para. 4.2.2.1).
FR23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check girder condition (ref. API 653, Para. 4.2.2.1).
FR24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of all rafter clips (ref. API 653, Para. 4.2.2.1).
FR25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual inspection of internal roof plates for holes, scale build-up and pitting.
FR26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List any limitations to Fixed Roof inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
Item No(s)		Additional Inspection Comments		

HMT Inspection API 653 Inspection Checklist	HMT Job No.	26281659
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Fixed Roof Nozzle Table

Item	Description	Pipe Size (in.)	Location Plate No.	Neck Thickness (in.)	Comments
A	Nozzle		1		Center Open Vent
B	Coupling		13		
C	Manway		13		

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FIXED ROOF

PLATE NO. / ID	READINGS (in inches)									
	1	2	3							
1	.	.	.							
2	0.218	0.218	0.218							
3	0.217	0.216	0.219							
4	.	.	.							
5	.	.	.							
6	.	.	.							
7	.	.	.							
8	.	.	.							
9	.	.	.							
10	.	.	.							
11	.	.	.							
12	.	.	.							
13	.	.	.							
14	0.218	0.219	0.218							
15	0.219	0.219	0.218							
16	0.218	0.220	0.219							
17	0.220	0.222	0.219							
18	0.218	0.217	0.215							
19	0.218	0.217	0.217							
20	0.219	0.221	0.219							
21	0.218	0.219	0.219							

The Inspection of the Dome Roof and UT readings were performed from the manlift limiting the inspection.

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Floating Roof

Does the tank have a floating roof? Yes No If no, the entire floating roof section is N/A.

Floating Roof Primary Mechanical Shoe Seal

Item No.	Acceptable	Ref 2.0	N/A	
FLR1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect seal condition, hangers, shoes (system vapor barrier, and attachment hardware) (ref. API 653, Paras. 4.2.3.3 & 6.2.3).

Floating Roof Primary Foam Log Seal

FLR2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect seal fabric, foam, hardware (ref. API 653, Para. 4.2.3.3).
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Floating Roof Primary Seal (Other)

FLR3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type of primary seal (ref. API 653, Para. 4.2.3.3).
FLR4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for mechanical damage and corrosion (wear on tip from contact with shell) (ref. API 653, Para. 4.2.3.3).
FLR5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Measure seal gaps at regular intervals and record any visible seal damage (ref. API 653, Para. 4.2.3.3).
FLR6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct Visual inspection of bolts and fasteners, with special attention to product interface areas (ref. API 653, Para. 4.2.3.3).

Floating Roof Secondary Seal

FLR7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type of rim-mounted secondary seal (ref. API 653, Para. 4.2.3.3).
FLR8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check for mechanical damage and corrosion (wear on tip from contact with shell) (ref. API 653, Para. 4.2.3.3).
FLR9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Measure seal gaps at regular intervals and record any visible seal damage (ref. API 653, Para. 4.2.3.3).
FLR10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct Visual inspection of bolts and fasteners, with special attention to product interface areas (ref. API 653, Para. 4.2.3.3).

Floating Roof Legs

FLR11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floating roof support legs. Record sizes and locate on layout. Count floating roof legs and match number on Layout(s) (ref. API 653, Paras. 4.2.3 & 9.10.2.1.5).
	Number of Legs			<input type="checkbox"/> Adjustable <input type="checkbox"/> Fixed
	High Leg Setting			Leg Size
	Low Leg Setting			Sleeve Size
FLR12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of floating roof legs (bending, thinning or buckling) (ref. API 653, Para. 4.2.3 & API 650, Paras. C.3.3.3, C.3.10 & H.6.4).
FLR13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Condition of roof leg sleeves (cracking, thinning, buckling and presence of drain notch) (ref. API 653, Para. 4.2.3 & API 650, Paras. C.3.3.3 & C.3.10).
FLR14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Condition of roof leg reinforcing pads (cracking, buckling & inspect gussets) (ref. API 653, Para. 4.2.3).
FLR15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof leg pins (corrosion, sticking, missing) (ref. API 653, Para. 4.2.3).
FLR16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All roof legs at the same level (floating roof level) (ref. API 653, Paras. 4.2.3 & 9.10.2.1.5).

Floating Roof Appurtenances

FLR17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Binding of roof columns or supports (ref. API 653, Para. 4.2.3).
FLR18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Damage to ladder or column wells and covers (ref. API 653, Para. 4.2.3).
FLR19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bonding static cable attached and in good condition (ref. API 653, Paras. 4.2.3 & 6.3.2.3 & API 650, Para. H.4.1.6).

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Item No.	Acceptable	Ref 2.0	N/A	
FLR20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof drain sump condition (clean and free of debris) (ref. API 653, Para. 4.2.3 & API 650 Para. H.4.1.6).
FLR21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect rolling ladder or vertical ladder assembly (ref. API 653, Paras. 4.2.3 & 4.2.3.3 & API 650 Paras. C.3.7 & H.5.1).
FLR22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify type, number and condition of anti-rotation details (ref. API 653, Para. 4.2.3 & API 650, Para. H.5.4).
				Type: _____
FLR23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect & report gauge pole diameter and type (ref. API 653, Para. 4.2.3 & API 650 Paras. C.3.3.6, C.3.14 & H.5.7). <input type="checkbox"/> Slotted <input type="checkbox"/> Solid Gauge Pole Diameter: _____
FLR24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect manway and appurtenances (ref. API 653, Para. 4.2.3 & API 650, Paras. C.3.3.6, C.3.11 & H.5.5).
FLR25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect Vacuum Breaker, rim vent, gauge hatch, gasket, etc. Record size and location on layout (ref. API 653, Para. 4.2.3 & API 650, Paras. C.3.3.6, C.3.9, C.3.15.3 & H.5.2.1).

Floating Roof - General

FLR26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Levelness / condition of floating deck (ref. API 653, Paras. 4.2.3 & 9.10.2.1.5).
FLR27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Signs of product on the floating roof (may indicate loss of flotation) (ref. API 653, Para. 4.2.3).

External Floating Roof

FLR28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Condition of roof plates / welds (corrosion, coating failure, leaks, and debris on roof) (ref. API 653, Para. 4.2.3).
FLR29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect pontoons for water, product, residue and vapors. Check for presence of lock-down attachments on pontoon covers (ref. API 653, Paras. 4.2.3 & 9.12.3 & C.1.5.13 & API 650, Para. C.3.5).

Aluminum Pontoon Floating Roof

FLR30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check floating roof condition (rips, tears, buckled member, condition of hardware, broken or missing parts, product in panels) (ref. API 653, Para. 4.2.3).
FLR31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If the floating roof has deck drains, check that all drains have working closures and bottom side tubes are below the product level.
FLR32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspect aluminum pontoons for product inside.

Aluminum Full-Contact Floating Roof

FLR33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check floating roof condition (rips, tears, buckled members, condition of hardware, broken or missing parts, product in panels) (ref. API 653, Para. 4.2.3).
FLR34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check manway latches for workability and ensure that all opening manways are self-closing (should not be open while in-service).

Internal Steel Floating Roof

FLR35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection for signs of corrosion or pitting on top and product side surfaces (ref. API 653, Para. 4.2.3).
FLR36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual inspection of all welds (ref. API 653, Para. 4.2.3).

Floating Roof Limitations

FLR37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	List any limitations to the floating roof inspection. Note: Client must be informed of any limitations to inspection while at the job site. All limitations must be properly documented and addressed accordingly in the Preliminary Report.
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HMT Inspection API 653 Inspection Checklist	HMT Job No.	26281659
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Y	N/A	Bottom Plate Examination - The bottom plates were examined utilizing the following inspection methods:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HMT I1 MFL Bottom Scanner	Serial No.:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MFE Enterprises 2412	Serial No.: 0020
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3D MFL Mapping Scanner	Serial No.:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HMT Mini-I1 Scanner	Serial No.:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	RTD Mini-scanner	Serial No.:
<input type="checkbox"/>	<input type="checkbox"/>	Other	Serial No.:

DOCUMENT AS APPLICABLE →	Gain:		Threshold:	
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Y	N/A				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overall scanning condition of bottom plates:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ultrasonic (UT) testing of MFL indications			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Random Ultrasonic (UT) thickness point readings of bottom plates	Thickness readings per Plate:	1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	100% UT of Critical Zone (CZ)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UT scrubs in Critical Zone (CZ)	Spacing between UT scrubs (in feet):	19.6	Quantity of UT scrubs: 8
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Random UT scrubs throughout Bottom	Quantity of UT scrubs:		
		<input checked="" type="checkbox"/> UT Scrub Size: 12-inch x 6-inch	<input type="checkbox"/> Other (Specify size):		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UT scrub locations documented on Bottom Layout with Minimum & Average for each location			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UT around & between existing patch plates			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ultrasonic (UT) testing of Bottom Edge Projection	Spacing between UT measurements (in feet):	19.6	Quantity of UT measurements: 8
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other internal or external bottom UT (specify):			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual (VT) inspection of bottom plates			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pit gauging performed			

Y	N/A	Areas restricted from MFL examination coverage due to physical limitations include:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Near the Shell-to-Bottom and Plate-to-Plate Lap Welds			
<input type="checkbox"/>	<input type="checkbox"/>	At Roof Support Column(s)			
<input type="checkbox"/>	<input type="checkbox"/>	At Floating Roof Supports			
<input type="checkbox"/>	<input type="checkbox"/>	Near and Under the Automatic Gauge Base			
<input type="checkbox"/>	<input type="checkbox"/>	Under Internal Piping			
<input type="checkbox"/>	<input type="checkbox"/>	Near the Sump(s)			
<input type="checkbox"/>	<input type="checkbox"/>	Gauge Pole(s)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Existing Patch Plates (Include patch plates on layout)			
<input type="checkbox"/>	<input type="checkbox"/>	Anti-Rotation Device(s)			
<input type="checkbox"/>	<input type="checkbox"/>	Coils Description -	Type:	Diameter:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (describe): 14 inch diameter nozzle on plate 14			

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Y	N/A	Technical limitations associated with MFL scanning (Describe limitations in the space provided):
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oil / <input type="checkbox"/> Dirt / <input checked="" type="checkbox"/> Debris / <input type="checkbox"/> Rust / <input checked="" type="checkbox"/> Scale / <input type="checkbox"/> Product Residue / <input checked="" type="checkbox"/> Other (Describe): Ice

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residual water (ponding):
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excessive and / or Variations in Coating Thickness:
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undulations (Waviness) in Bottom Plates: The bottom would sag when scanning floor plates causing the sensor bar to rub.
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edge Settlement:
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Numerous Existing Lap Welded Patch Plates:
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Severe Product Side Pitting:
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Describe any other limitations not previously listed:
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were these limitations discussed with the Client prior to continuing the bottom scan?
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Y	N/A	Bottom Plate Welds - The tank bottom plate lap welds were examined utilizing the following inspection methods:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacuum Box (LT/BT) testing	Number of Product Leak Paths:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetic Particle (MT) testing	Number of Recordable Indications:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternating Current Field Measurement (ACFM)	Number of Recordable Indications:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual (VT) inspection	Number of Recordable Indications: 0

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Overall condition of lap welds:	Coated limiting the visual inspection.
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

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	Tank No.	North Water Tank

Y	N/A	Areas restricted from LT/BT examination coverage due to physical limitations include:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	At roof support column(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	At floating roof supports
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Automatic gauge base
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Under internal piping
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Near the sump(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Near Bottom Edge Settlement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

Y	N/A	Shell-to-Bottom Weld Examination – The internal / external Shell-to-Bottom weld(s) were examined utilizing the following:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetic Particle (MT) testing	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weld Preparation:	<input type="checkbox"/> Abrasive Blast <input type="checkbox"/> Wire Wheel <input type="checkbox"/> Hydro Blast <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number of Recordable Indications:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments:	

<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACFM testing	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weld Preparation	<input type="checkbox"/> Abrasive Blast <input type="checkbox"/> Wire Wheel <input type="checkbox"/> Hydro-Blast <input type="checkbox"/> Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coating Condition	Thickness
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number of Recordable Indications:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments:	

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vacuum Box (LT/BT) testing
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weld Preparation:	<input type="checkbox"/> Abrasive Blast <input type="checkbox"/> Wire Wheel <input type="checkbox"/> Hydro-Blast <input type="checkbox"/> Other
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number of Product Leak Paths:	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual (VT) inspection	<input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> External
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Limitations: Internal coating and External limited by vegetation, snow and ice.
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HMT Inspection API 653 Inspection Checklist		HMT Job No.	26281659
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Y	N/A	Sump Examination - The tank sump(s) were examined utilizing the following inspection methods:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	API Standard Sump:	Diameter: _____	Depth: _____ Nominal Thickness: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sixteen (16) Ultrasonic (UT) thickness readings were taken along the wall and ten (10) Ultrasonic (UT) readings were taken across the bottom in an "X" pattern.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dish-Style:	Diameter: _____	Depth: _____ Nominal Thickness: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Twenty (20) Ultrasonic (UT) thickness readings were taken across the bottom in an X-pattern.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	100% UT of Sump			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other UT of sump (Specify): _____			
Y	N/A	The following items refer to both style sumps:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Random 6-inch x 6-inch Ultrasonic (UT) scrubs of the bottom and wall.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Readings detected significantly lower than nominal. If so, detail findings: _____			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual (VT) inspection welds, bottom and wall condition. Note weld quality and surface condition.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quantity and range of product side pitting:	_____ pits,	_____ to _____ inch deep	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetic Particle (MT) testing of sump welds			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quantity of Recordable MT Indications: _____			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liquid Penetrant (PT) testing of sump welds			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quantity of Recordable PT Indications: _____			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Describe limitations of Visual (VT) inspection or UT testing: _____			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Inspection methods performed (describe): _____			
Y	N/A	Shell Manway / Nozzle Examination – The tank shell manways / nozzles were examined utilizing the following methods:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	Ultrasonic (UT) thickness readings per accessible manway / nozzle neck were taken.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	UT thickness readings per accessible manway / nozzle reinforcing plate, flange & cover (when present) were taken.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MT of manway / nozzle neck(s)	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MT of manway / nozzle reinforcing plate(s)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PT of manway / nozzle neck(s)	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PT of manway / nozzle reinforcing plate(s)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACFM of manway / nozzle neck(s)	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACFM of manway / nozzle reinforcing plate(s)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VT of manway / nozzle neck(s)	<input checked="" type="checkbox"/> Internal	<input checked="" type="checkbox"/> External	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VT of manway / nozzle reinforcing plate, flange, cover(s)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure test of manway / nozzle reinforcing plate(s)	Maximum PSIG: _____		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure test type:	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Inert Gas	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure test duration	Start time: _____	Stop time: _____	

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Y	N/A	Shell Plate Examination – The tank shell plates were examined utilizing the following methods:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Random Ultrasonic (UT) readings were taken	<input type="checkbox"/> Internal <input checked="" type="checkbox"/> External
		Automated UT (ref. HMT NDT Procedure 1611.3)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Automated UT (B-Scan)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	equally spaced drops were performed counterclockwise starting at Manway A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments / Limitations for B-scan (wind girder, stiffening ring, etc.):	

		Telescopic pole:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	equally spaced pole drops were performed counterclockwise starting at Manway A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thickness readings per course were taken.	

Ultrasonic (UT) readings were taken from the spiral stairway / vertical ladder:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Readings per course were taken up <input type="checkbox"/> spiral stairway <input type="checkbox"/> vertical ladder

Random Ultrasonic (UT) of:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Course 1 Shell Plates -	_____ readings were taken per plate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Course 2 Shell Plates -	_____ readings were taken per plate.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	CMLs Installed (Insulated Tank):	Quantity per course	_____	Quantity overall:	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CMLs Installed (Un-insulated Tank):	Quantity per course	_____	Quantity overall:	_____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	CML locations documented on nozzle table				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CML type:	_____	Other (describe):	_____	

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe any limitations experienced while performing shell UT: 3 shell UTs performed on course 1 at quadrants N, S, E, and W, and 3 per course performed on the west side of the tank from the manlift basket.				
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual (VT) inspection of shell plates	<input checked="" type="checkbox"/> Internal	<input checked="" type="checkbox"/> External		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments / Limitations:				

Y	N/A	Fixed Roof Plate Examination – The fixed roof plates were examined utilizing the following methods:				
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Ultrasonic (UT) thickness readings were taken per plate			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Ultrasonic (UT) thickness reading(s) was/were taken per plate / every _____ feet in an "X" pattern.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Ultrasonic (UT) thickness readings were taken per fixed roof nozzle neck.			

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual (VT) inspection of fixed roof	<input checked="" type="checkbox"/> Internal	<input checked="" type="checkbox"/> External		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nominal Fixed Roof Plate Thickness:	0.188 inch			
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	CMLs Installed (Insulated Tank):	Quantity overall:	_____		
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	CMLs Installed (Un-insulated Tank):	Quantity overall:	_____		
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	CML locations documented on layout				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	CML type:	_____	Other (describe):	_____	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments / Limitations: Dome roof UT readings recorded from the manlift basket.				
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Y	N/A	Floating Roof Plate Examination – The floating roof plates were examined utilizing the following methods:				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) thickness readings were taken per plate				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) thickness reading(s) was/were taken per plate / every _____ feet in X pattern.				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) thickness readings were taken per floating roof nozzle neck.				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nominal Floating Roof Plate Thickness:	_____			
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Y	N/A	Floating Roof Plate Examination – The floating roof plates were examined utilizing the following methods (Cont'd.):				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual (VT) inspection of floating roof performed.				
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments / Limitations:				
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Y	N/A	Floating Roof Pontoon – The floating roof pontoon plates were examined utilizing the following methods:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) readings were taken per pontoon plate
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) readings were taken per pontoon outside rim plate
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ultrasonic (UT) readings were taken per pontoon inside rim plate
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visual (VT) inspection of floating roof pontoon welds performed.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments / Limitations:

Y	N/A	UT Documentation - Bottom, Sump(s), Shell, Roof(s), Nozzle(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	UT thickness measurements downloaded to an Excel spreadsheet.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	UT thickness measurements handwritten on separate forms.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bottom / Roof plate UT thickness measurements cross-referenced with number of plates on layout(s) for accuracy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type (point readings / scrubs) and quantity of UT verified with scope of work / proposal.

Inspection Data

List All Personnel On Site (full names for final report purposes):			
Y	N/A	Method	Performed By
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MFL	Garrett Brown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMMFL	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MFL (Mini-scanner)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	SLOFEC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOTTOM REDUCTION	Aaron Crum & Garrett Brown
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UT	Aaron Crum
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AUT (CDE)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	VT	Aaron crum
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACFM	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	LT/BT	

Inspection Data (Cont'd.)

Y	N/A	Method	Performed By
<input type="checkbox"/>	<input checked="" type="checkbox"/>	LT/PO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PT	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Holiday Testing	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Photos Taken	Aaron Crum
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nozzle Table Completed	Aaron Crum
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bottom Layout Drawn	Garrett Brown
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fixed Roof Layout Drawn	Garrett Brown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floating Roof Layout Drawn	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Drawing(s)(Specify Type):	

Equipment

Y	N/A	Magnetic Flux Leakage (MFL)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Performed in accordance (HMT MFL Procedure No. 1611.04 / 1611.05 / 1611.06 / 1611.24 / 1611.25)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HMT I-1 Bottom Scanner (HMT Procedure No. 1611.06).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3D MFL Mapper Scanner (HMT Procedure No. 1611.24).

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	MFE Enterprises Floorscanner Type 2412 (HMT Procedure No. 1611.05).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HMT Mini I-1 Bottom Scanner (HMT Procedure No. 1611.25).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	RTD mini-scanner (HMT Procedure No. 1611.04).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

Y	N/A	Ultrasonic (UT)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT UT Procedure No. 1611.01			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	GE / Krautkramer Branson Flaw Detector Model:		Serial No.:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Panametrics Model:		Serial No.:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (Describe Mfg. & Model):	USM GO	Serial No.:	20060134

		Dual element Model:		Dia.		Freq.	
<input type="checkbox"/>	<input type="checkbox"/>	Single element Model:		Dia.		Freq.	
<input type="checkbox"/>		BRITEK, 7.5 MHz, 0.375 in., dual element		<input type="checkbox"/>		GE / KBA CA 215, 5.0 MHz, 0.250 in., single element	
<input checked="" type="checkbox"/>		BRITEK, 7.5 MHz, 0.312 in., dual element		<input type="checkbox"/>		GE / KBA FH2E-WR, 7.5 MHz, 0.375 in., dual element	
<input type="checkbox"/>		NDT Systems, 5.0 MHz, 0.250 in., dual element		<input type="checkbox"/>		Xactex, 5.0 MHz, 0.250 in., single element	
<input type="checkbox"/>		Harisonic CM0504-S, 5.0 MHz, 0.250 in., single element		<input type="checkbox"/>		Technisonic CF-0503-GP, 5.0 MHz, 0.250 in., single element	
<input type="checkbox"/>		Other dual element (Describe):		<input type="checkbox"/>		Other single element (Describe):	

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crawler Data Evaluation (CDE) B-Scan performed in accordance with HMT UT Procedure No. 1611.03			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ScanTech Instruments, Inc. – Model: <input type="checkbox"/> X1B <input type="checkbox"/> C2 <input type="checkbox"/> Spider	Serial No.:		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other B-scan equipment (describe):			

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Equipment (Cont'd.)

Y	N/A	Calibration Blocks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5-step, carbon steel test block (0.100 inch to 0.500 inch).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tipsy Step Block, 1018 carbon steel (1-inch to 4.5-inches in 0.500 inch increments).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5-step, 304 stainless steel test block (0.100 inch to 0.500 inch).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5-step, aluminum test block (0.100 inch to 0.500 inch).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5-step, test block (0.100 inch to 0.500 inch). Describe alloy (Inconel, Monel, other):
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):

Y	N/A	Couplant
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Echogel 20 as couplant
<input type="checkbox"/>	<input checked="" type="checkbox"/>	High-temperature couplant (describe):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (describe): Windshield washer fluid for UT scrubs on tank bottom

Y	N/A	Pit Gauging
<input checked="" type="checkbox"/>	<input type="checkbox"/>	W.R. Thorpe Co. standard pipe pit gauge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fillet gauge Make: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	V-WAC gauge Make: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

Y	N/A	Vacuum Box (LT/BT)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT LT/BT Procedure No. 1611.10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	American Seam Tester, Series A 100 (Flat) or equivalent
<input type="checkbox"/>	<input checked="" type="checkbox"/>	American Seam Tester, Series A 300 (Corner) or equivalent
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

Y	N/A	Liquid Penetrant (PT)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT PT Procedure No. 1611.14 (Solvent Removable)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT PT Procedure No. 1611.15 (Water Washable)
		<input type="checkbox"/> Solvent <input type="checkbox"/> Water Washable
		<input type="checkbox"/> Visible <input type="checkbox"/> Florescent

	Manufacturer of PT Materials:			
	Brand Name of Liquid Penetrant Used:			
	Solvent / Cleaner Batch Number			
	Penetrant Batch Number		Color	
	Developer Batch Number		Color	

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Equipment (Cont'd.)

Y	N/A	Alternating Current Field Measurement (ACFM)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT ACFM Procedure No. 1611.18	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMIGO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):	Make & Model:
		Serial Number:	
		Probe Serial Number:	

Y	N/A	Magnetic Particle (MT)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performed in accordance with HMT MT Procedure No. 1611.08	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parker Probe Model B-300 (AC)	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parker Probe Model DA-400 (AC/DC)	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetizing Process	<input type="checkbox"/> Continuous <input type="checkbox"/> Residual

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blacklight - Spectroline, Model BIB-150B	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Blacklight (describe Make & Model)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blacklight Intensity Meter – Spectroline, Model DM-365XA	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Blacklight Intensity Meter (describe Make & Model)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blacklight Intensity Meter	Serial No.

<input type="checkbox"/>	<input type="checkbox"/>	Ten (10) Pound Test Weight
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnetic Dusting Powder
		Manufacturer of MT Particles:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wet – Batch Number		Color	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dry – Batch Number		Color	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visible – Batch Number		Color	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fluorescent – Batch Number		Color	
<input type="checkbox"/>	<input type="checkbox"/>	Particle Application Method:	<input type="checkbox"/> Bulb <input type="checkbox"/> Spray <input type="checkbox"/> Bath		
<input type="checkbox"/>	<input type="checkbox"/>	White Contrast			
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):			

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Equipment (Cont'd.)

Y	N/A	Laser Level / Total Station
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Topcon Marksman RL-H3C self-leveling rotating laser.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Topcon Marksman RL-H4C self-leveling rotating laser.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leica Rugby 100 self-leveling rotating laser.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spectra Precision LL300 self-leveling rotating laser.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe Make & Model):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serial No of Rotating Laser Level:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Topcon Total Station (Model & Serial No.): RL-HAS & 1A050055 (Calibrated 11/18/2022)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leica Total Station (Model & Serial No.):

Y	N/A	Additional Work Performed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Helium Mass Spectrometer Leak (MSLT) testing, performed in accordance with HMT Procedure No. 1611.13 (Complete MSLT Checklist).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kontroll Technik Saturated Low Frequency Eddy Current (SLOFEC) scanning of the tank bottom for the detection of significant product side or soil side metal loss performed in accordance with HMT Procedure No. 1611.07 (Complete SLOFEC Checklist).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Verticality inspection performed in accordance with HMT Procedure No. 1611.19 (Complete Verticality Checklist).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coating Inspection (Holiday Test), performed in accordance with HMT Procedure No. 1611.16
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leak Test Procedure Utilizing Penetrating Oil Technique (LT/PO), performed in accordance with HMT Procedure No. 1611.12
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (describe):

Comments	(If any inspection was performed other than the typical in-service or out-of-service inspection, explain what was performed in the following section.)