**TANK REPLACEMENT**

Complete form and submit to [DEP\_CD@dep.state.fl.us](mailto:DEP_CD@dep.state.fl.us)

**Plant Information:**

Plant Name County PWS ID #

Plant Location Phone

PWS Owner Name Phone

PWS Owner Address

PWS Contact Person Title Phone

Tank installer name/company: Phone

**STORAGE FACILITIES:**

(G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic

**Please provide complete specification for Existing and New Tank. Complete the following.**

|  |  |  |
| --- | --- | --- |
| **Tank Type/Number** | **Existing Tank\*** | **New Tank** |
| Reason for Replacement |  |  |
| Capacity |  |  |
| Dimensions or verification of Tank Size |  |  |
| Material |  |  |
| Gravity Drain (Yes or No) |  |  |
| By-Pass Piping (Yes or No) |  |  |
| Protected Openings (Yes or No) |  |  |
| Sight Glass or Level Indicator (Yes or No) |  |  |
| Automatic blow off (Safety Valve) (Yes or No) |  |  |
| Pressure Gauge (Yes or No) |  |  |
| On/Off Pressure (Yes or No) |  |  |
| Means for adding Compressed air (Yes or No) |  |  |
| Access Secured (Yes or No) |  |  |
| Access Manhole? Size: min 24 inch (Yes or No) |  |  |
| Tank:10 times capacity of the pump (Yes or No) |  |  |
| Tank Sample Tap Location |  |  |
| Date of last Tank Inspection |  |  |
| Date of last Tank Cleaning |  |  |
| Date Tank was Replaced, if already done \* |  |  |
| Tank internal lining or coating NSF Standards 61 |  |  |
| Horizontal or Vertical |  |  |
| Separate inlet/outlet |  |  |
| ASME Conformance (Yes or No) |  |  |
| ANSI/WSC PST-2000 for Tanks 120 gallons or less |  |  |

**NOTE**

**\*A 14 day advance written notice is required for “like for like” replacements as required by Rule 62-555.520(1)(c)1, F.A.C.**

**In some cases, the existing tank information may not available then it will be determined from the best available Data from Owner/Operator/or Vendor**

**Bacteriological Results**: \*\* Submit lab reports for two consecutive days

Locations of Bacteriological Samples:

Dates of Samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_