



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE
3319 MAGUIRE BLVD, SUITE 232
ORLANDO FLORIDA 32803

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

PUMP REPLACEMENT

If this is an emergency, please explain separately and submit documentation to substantiate the emergency.

Complete form and submit to 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 _____

Please provide complete specification including pump design (type), technical data sheets, materials, performance curve with design point indicated for both existing and new pump. Complete the following if new location or pipe arrangement is different, provide a drawing.

Particulars	Existing Pump ⁽³⁾	New Pump
Pump Location		
Pump Type ⁽¹⁾		
Pump Service ⁽²⁾		
Flow Rate (GPM)		
@TDH (ft)		
Number of Stages		
Pump Manufacturer		
Model No		
Serial No		
Motor HP		
Constant or Variable Speed		

- (1) Submersible, Jet, Vertical Turbine, Horizontal Split Casing, Centrifugal...etc.
- (2) Raw Water, High Service, Chemical Application, Transfer, etc.
- (3) In some cases, the existing pump information may not be available. Then, it should be determined from the best available Data from Owner/Operator/Vendor

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

Locations of Bacteriological Samples: _____

Dates of Samples: _____