



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

TANK REPLACEMENT

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 _____

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 (gal)		
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)		



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

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: _____