



STATE of CONNECTICUT DEPARTMENT of PUBLIC HEALTH  
 Drinking Water Section

**Hydropneumatic Tank Fiscal and Asset Assessment Form**

*(Form Instructions)*

**Note: Please download and save this form to your computer prior to filling out any information.**

**Pursuant to Public Act No. 18-168 §61, please complete this form (if you are a small community Public Water System (PWS) that serves at most 1000 year-round residents) and return it to this office by May 2, 2019.**

Public Water System Information			
<b>PWS ID: *</b>		<b>PWS Name:*</b>	<b>Town:</b>

Hydropneumatic Tank Information and Asset Assessment		Hydropneumatic Tank(s)			
		Tank#		Tank#	
1.1	Date Assessment was Completed:				
1.2	Tank Volume (in gallons):				
1.3	Water System Facility ID				
1.4	Tank Name				
1.5	Year Tank Constructed				
1.6	Current Age of Tank (subtract Year Tank Constructed from Current year): <small>If year tank constructed is unknown enter 10 years.</small>				
1.7	What is the useful service lifespan of the tank as specified by the manufacturer? If there are no manufacturer specifications, enter 10 years or provide the source of your answer here: If warranty from manufacturer is >10 years, enter that and attach the proof of manufacturer warranty to this form.				
1.8	If the tank has not exceeded its useful service lifespan, what is its adjusted remaining useful service life (in years)?				
1.9	If the tank has exceeded the useful service lifespan, how many years have passed since the exceedance (subtract your answer to 1.7 from your answer to 1.6)?				
1.10	Select the current condition of the tank (e.g. Good (G), Needs maintenance (NM) or Needs replacement (NR)).				
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
2.1	Has the tank been inspected within the past 5 years? If yes, indicate the name, credentials and contact information of the Inspector here:				
2.2	Has the exterior of tank been maintained within the past 5 years? If yes, indicate the name and contact information of the person who did the maintenance here:				
2.3	Has the interior of the tank been maintained within the past 5 years? If yes, indicate the name and contact information of the person who did the maintenance here:				
2.4	Were both exterior and interior of tank maintained to manufacturer's recommendation over the past 5 years?				
2.5	Is the tank free of exterior damage and / or corrosion?				
2.6	Is the tank free of interior damage and / or corrosion?				
2.7	Was tank painted to prevent rust/corrosion in the past 5 years?				
2.8	Has this tank always operated below the maximum operating pressure?				
2.9	Does the tank have a working pressure relief valve?				
2.10	Is the pressure relief valve set to open at the manufacturer's specified pressure?				
2.11	Has the pressure relief valve been overhauled or replaced during the last 5years?				
2.12	Does the tank have a functioning pressure gauge?				
2.13	Is the tank properly secured to the foundation or bulk-headed?				
2.14	Are sight levels, hoses, and valves in good working condition?				
2.15	Has the tank ever been repaired? If yes, indicate when and for what reason here: _____				

Hydropneumatic Tank Fiscal Assessment		Hydropneumatic Tank(s)	
		Tank#	Tank #
3.1	Estimated cost to rehabilitate this tank?		
3.2	Estimated cost to replace this tank with a new one?		
3.3	Estimated cost to install variable frequency drive (VFD) pumps and floor mounted bladder tanks (as an alternative to rehabilitating or replacing tank)?		
		Yes	No
3.4	Do you currently bill customers for water usage?		
3.5	Beyond funds used to cover standard operation and maintenance costs, do you have a <b>reserve fund</b> (funds set aside) in place for rehabilitating and/or replacing all your assets including your tank(s)?		
3.6	Will your reserve fund allocated for hydropneumatic tank(s) be enough to cover the cost of replacement of the tank(s) by the end of its remaining useful service life?		
3.7	If you selected “No” to 3.5 or 3.6, are you willing to increase your customer billing rates and/or form consolidation partnerships to meet the tank and overall infrastructure improvement to meet your reserve funding needs?		
3.8	Do you review the reserve funding needs of your assets, including the tanks, on an annual basis?		
3.9	Have you evaluated the need for rehabilitation or replacement of the tank(s)?		
3.10	If replacement or rehabilitation is needed could the tank(s) be eliminated with the installation* of variable frequency drive (VFD) pumps and bladder tanks as a more cost-effective option? <i>(If you answered yes to this question and if you are interested in DWSRF financing, visit <a href="http://www.ct.gov/dph/dwsrf">http://www.ct.gov/dph/dwsrf</a>)</i>		
3.11	For VFD pumps and floor mounted bladder tanks installation did you or do you plan to apply to the DWSRF program for financing?		
3.12	If you have chosen to eliminate the tank by installing VFD pumps and bladder tanks, what is your estimated date of VFD project commencement?		

Contact Information for the Person that Performed the Assessment			
<b>Salutation:</b>	<b>First Name:</b>	<b>Last Name:</b>	
<b>Organization:</b>		<b>Job Title:</b>	
<b>Business Phone:</b>	<b>Mobile Phone:</b>	<b>E-mail Address:</b>	

Certification
<p>I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and I understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.</p> <p>Signature of PWS Owner/Legal Contact: _____ Date: _____</p> <p>Printed Name of PWS Owner/ Legal Contact: _____</p> <p>Phone Number: _____ E-mail Address: _____</p> <p>NOTICE: Any false statement or statements made by you that you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine or imprisonment, or both, in accordance with to Conn. Gen. Stat. § 53a-157b.</p>
Important Notes:
<p>Average useful service lifespan of a hydropneumatic tank is 10 years or as warranted by the manufacturer. If the age of tank (in 1.6 above) is 10 years or greater than that specified by the manufacturer, then the tank has reached or exceeded its useful service life. If you are considering replacement, we strongly recommend you consider VFDs as a possible alternative to replacement, if feasible.</p> <p>*Any alternative configuration must be able to meet peak demands and separation distance requirements. Such changes and works of sanitary significance require review and approval by the DWS prior to construction, in accordance with RCSA Section 19-13 B102(d)2; A <i>general application</i> can be found on DWS website.</p>

Please email completed form to [dwdcompliance@ct.gov](mailto:dwdcompliance@ct.gov) by clicking on the ‘Submit’ button.

For questions see the [Form Instructions](#) or contact DWS at (860)-509-7333