



STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH  
 Drinking Water Section  
**Hydropneumatic Tank Fiscal and Asset Assessment Form**

**Note:** Please download the 'Hydropneumatic Tank Fiscal and Asset Assessment Form' to your computer prior to filling out any information. If your Public Water System (PWS) has more than two hydropneumatic tanks, please fill out and submit additional copies of the Assessment Form.

**General Requirements**

**Instructions**

Pursuant to Public Act No. 18-168 §61, all small community public water systems (water companies that regularly serve at least twenty-five (25), but not more than one thousand (1000), year-round residents) – except those either “(1) regulated by the Public Utilities Regulatory Authority, (2) subject to the requirements set forth in section 25-32d of the general statutes, or (3) a state agency that maintains a hydropneumatic storage tank as part of their water system facilities” – must complete and submit to this department a fiscal and asset assessment for its hydropneumatic tank(s) by no later than **May 2, 2019**. This assessment is part of an overall fiscal and asset management plan that must be updated annually and be made available to the department.

**Form Instructions**

<b>Public Water System Information</b>	
PWS ID:	Public Water System (PWS) Identification Number (CTXXXXXXX)
PWS Name:	Name of the PWS
Town:	Primary town served by the PWS
<b>1-2 Hydropneumatic Tank Information and Asset Assessment</b>	
For questions 1.1 to 1.8, type your answers in the column under 'Tank' columns as appropriate; the box for 1.9 will automatically generate a sum or difference of the answers for questions 1.6 and 1.7. For questions 2.1 to 2.15, select either "Yes" or the "No" from the dropdown menus in the column under Tank 1 (and Tank 2 if applicable) as appropriate.	
1.3	The "Water System Facility ID" of your hydropneumatic tank can be found on your system's 'Public Water Quality Monitoring Schedules and Compliance Information' at the DWS website <a href="#">here</a> .
1.4	The "Tank Name" is the local name used for the tank (e.g. Tank 1). If the Water System Facility ID represents twin tanks, name the particular tank being assessed (e.g. Tank 1, Tank 2, Left tank, Right tank etc.).
1.5	If "Year Tank Constructed" is unknown, enter 'Unknown'. <b>Note:</b> <i>the construction year may be prior to the year in which the tank was installed.</i>
1.6	To determine the estimated "Age of Tank," subtract the year the tank constructed (answer from question 1.5) from the current year. For instance, if your tank was constructed in 1999 and you are conducting this assessment in 2019, then <u>the age of the tank in years is 2019-1999 = 20.</u>
1.7	<i>Useful Service Lifespan:</i> Duration of time over which the tank should operate at maximum, or near maximum, effectiveness.
1.8	To estimate the adjusted useful lifespan or to help answer question 1.8, please refer to the EPA Simple Tools for Effective Performance (STEP) Guides <a href="#">Asset Management</a> and <a href="#">Taking Stock of Your Water System</a> .
1.9	The answer fields will automatically populate once answers to questions 1.6 and 1.7 are entered. <b>You do not have to enter the answer to question 1.9 manually.</b>
1.10	Select from the dropdown menu in the answer fields that best represents your answer: <b>(Good (G), Needs Maintenance (NM) or Needs Replacement (NR)).</b>
2.1-2.3	For 'Yes or No' questions that require additional follow up answers, please select the appropriate checkbox to address the initial Yes/No question, then use the space provided beneath the respective question to <b>type</b> the additional information required.

**3 Hydropneumatic Tank Fiscal Assessment**

For questions 3.1 to 3.3 and 3.12, type your answers in the column under ‘Tank’ columns as appropriate. For questions 3.4 to 3.11, select either “Yes” or “No” from the checkboxes to the right of each question.

**3.1-3.3** For help determining the answers to the cost estimate questions for questions 3.1, 3.2 and 3.3, please contact your tank manufacturer or contractor, water system professional or certified water system operator.

**4 Important Notes**

**1** This form can be completed by Public Water System Owners or Certified Water Operators.

**2** **If you are a community public water system that serves more than 1000 year-round residents, you are not required to fill this form.** However, it is recommended that you perform a hydropneumatic tank assessment(s) for your own information.

**3** No item should be left blank. The only exception is if you do not own more than one tank, in which case, the second tank column may be left blank.

**4** Manufacturer’s Plate: Plate embedded on the side of Hydropneumatic Tank which displays information such as the Maximum Working Pressure and the Year of Construction. (See an example photo below)

**5** To view the text of the Public Act, visit <https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00168-R00HB-05163-PA.pdf>, and refer to Section 61.

**6** If a majority of the items in this assessment checklist are answered as “No,” it may be worth considering a replacement of your hydropneumatic tank or investing in a constant pressure system with Variable Frequency Drive (VFD) controlled booster pumps and atmospheric storage. If you are considering such a replacement project, it is important to ensure that any alternative water system configuration will be able to meet peak demands and separation distance requirements. Such changes and works of sanitary significance require DWS review and approval prior to construction, in accordance with RCSA Section 19-13-B102(d)(2). Projects can be submitted for review using the [General Application Form](#). If the water system is in need of financial assistance by way of a loan, funding may be available from the Drinking Water State Revolving Fund (DWSRF). Please visit the [DWSRF Website](#) for more information.

**Contact Information for the Person that Performed the Assessment**

Complete all of the contact information for the person who performed the Tank Assessment. The individual identified may be contacted by the Department for more information and/or consultation.

**Certification**

The Hydropneumatic Tank Fiscal and Asset Assessment Form must be signed by the person or a legal representative of the entity that owns or controls the Public Water System. Forms will not be accepted without certification by the responsible party verifying the information contained within the form is correct. An electronic signature may require the latest version of your computer’s PDF reader (such as, but not limited to, Adobe Acrobat Reader, etc.). Instructions on how to create and apply a digital signature may be found [here](#).

**Reporting Requirements**

The form **must be filled out and submitted electronically**. The form is PDF fillable and can be signed electronically. The completed electronic form must be emailed as an attachment to [dwdcompliance@ct.gov](mailto:dwdcompliance@ct.gov) by clicking on the ‘Submit’ button immediately below the form. You may, at any point, click on the ‘Clear Form’ option at the bottom of the form to clear **all** entered information, or save your progress by selecting the ‘Save Form’ option and saving the document to your computer.