

NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE  
MINEOLA, NY 11501  
VOICE: 516 227-9691  
FAX: 516 227-9613



LAURA CURRAN  
COUNTY EXECUTIVE

LAWRENCE E. EISENSTEIN, MD, MPH, FACP  
COMMISSIONER

Small Facility/Homeowner Tank Abandonment  
Notification Form

Date of Job \*\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* All notifications must be received by NCDH 7 DAYS  
Prior to the date of the job accompanied by a fee of  
\$70.00 per tank.  
Please Do Not Schedule Any Jobs Before June 1, 2020

Contractor \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

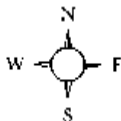
Village: \_\_\_\_\_ Telephone: \_\_\_\_\_

Existing Tank Information:

Tank Size: \_\_\_\_\_ 275      \_\_\_\_\_ 550      \_\_\_\_\_ 1,000

Fill Material: \_\_\_\_\_ Sand      \_\_\_\_\_ Concrete      \_\_\_\_\_ Approved Foam

Tank Location Diagram:



New Installation:

\_\_\_\_\_ Gas Conversions

<u>Tank Size</u>	<u>Location</u>
_____ 275	_____ Above ground on pad/containment
_____ 550	_____ Below ground
_____ 1,000	_____ Indoors

\*All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1,100 gallons or less removed.

PLEASE RETURN VIA U.S. MAIL to Nassau County Department of Health, Bureau of Environmental Protection, Article XI, 200 County Seat Drive, Mineola, N.Y. 11501.  
Telephone number: 516-227-9691.

**ATTACH CHECK HERE**



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**BUREAU OF ENVIRONMENTAL PROTECTION  
AFFIRMATION OF NON-LEAKING TANK**

Re: \_\_\_\_\_

\_\_\_\_\_  
(Address)

I (we), \_\_\_\_\_ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. **This form may not be used where there is any re-occurring accumulation of water in the tank.**

\_\_\_\_\_  
(Signature of Property Owner(s))

\_\_\_\_\_  
Affirmation must be received by NCDH seven (7) days prior to the date of the job.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
date month year

**THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 200 County Seat Drive, Mineola, NY 11501. Telephone number: 516-227-9691.**