

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: _____

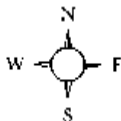
Village: _____ Telephone: _____

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.