



**NASSAU COUNTY
DEPARTMENT OF HEALTH**
200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
516 227-9691
FAX: 516 227-9613

**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.