

Nassau County Department of Health  
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.**

Contractor \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Existing Tank Information:

Tank Size:

\_\_\_\_\_ 275

\_\_\_\_\_ 550

\_\_\_\_\_ 1,000

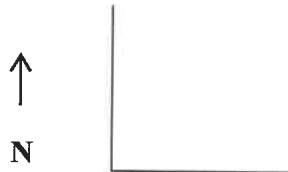
Fill Material:

\_\_\_\_\_ Sand

\_\_\_\_\_ Concrete

\_\_\_\_\_ Approved Foam

Tank Location Diagram:



New Installation:

Tank Size

Location

\_\_\_\_\_ 275

\_\_\_\_\_ Above ground on pad/containment

\_\_\_\_\_ 550

\_\_\_\_\_ Below ground

\_\_\_\_\_ 1,000

\_\_\_\_\_ Indoors

\_\_\_\_\_ Conversion to gas

**\*\*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 1100 gallons or less.**

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

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LAURA CURRAN  
NASSAU COUNTY EXECUTIVE



LAWRENCE E. EISENSTEIN, MD, MPH, FACP  
COMMISSIONER OF HEALTH

NASSAU COUNTY DEPARTMENT OF HEALTH

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.**



200 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501  
Phone: 516-227-9692 Fax: 516-227-9613

