

BUILDING DEPARTMENT

INC. VILLAGE OF LYNBROOK

APPLICATION FOR FUEL OIL TANK REMOVAL/ABANDONMENT

The undersigned does hereby apply for the issuance of a permit for the removal of a fuel oil tank and agrees to comply with all provisions of Chapter 166-8, 9, 10 of the Code of the Village of Lynbrook and with all rules and regulations made thereunder, whether herein described or not.

FEE \$50.00 DATE _____

Permit # _____ Section _____ Block _____ Plot _____

Premises on which tank is to be removed _____

Name & Address of owner of premisses _____

Kind of Building [] Residential [] Commercial

Location of Tank _____ Feet from building

Feet from street line _____ Capacity of Tank _____ gallons

Date tank will be hoisted and ready for inspection _____

Contractor's Name _____

Address _____

Telephone Number _____

NOTE: A. If tank is used for a dispenser or emergency generator, please also contact the Nassau County Fire Marshall @ (516) 572-1000

B. IF RESIDENTIAL OIL TANKS OF 275 GALLONS OR MORE PLEASE ALSO CONTACT THE NASSAU COUNTY HEALTH DEPARTMENT @ (516) 227-9691

IF YOU NEED ADDITIONAL ASSISTANCE, YOU MAY CONTACT THE FOLLOWING AGENCIES.

Dept. of Environmental Conservation - - 1-800-242-4351
Nassau County Fire Marshall Spill Hotline - - 800-457-7362

DATE _____

RE: _____

SECTION _____ BLOCK _____ PLOT _____

PERMIT# _____

I _____ DID REMOVE/ABANDONED A _____ GALLON FUEL OIL
(CONTRACTOR)

TANK AT _____ LYNBROOK, NEW YORK. IF ABANDONED IS
GROUND TANK WAS FILLED WITH _____.

THE TANK WAS REMOVED/ABANDONED ACCORDING TO ALL CODES & SPECS PER
THE DEPARTMENT OF HEALTH.

SIGNED _____

PRINT NAME _____

PHONE NUMBER _____

Sworn to before me this

_____ Day of _____ 20 _____

Notary Public

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



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 _____

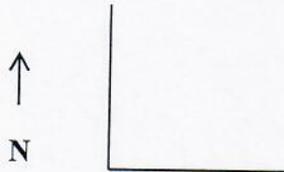
Village _____ Telephone _____

Existing Tank Information:

Tank Size: _____ 275 _____ 550 _____ 1,000

Fill Material: _____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



New Installation:

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

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****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.

Nassau County Department of Health
Tank Abandonment/Removal*
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 \$220.00 per tank over 1,100 gallons and \$70.00 per tank 1,100 gallons or less abandoned in place or \$90.00 per tank 1, 100 gallons or less removed.

Contractor _____

Phone # _____

Facility ID# _____

Facility Name: _____

Address _____

Village _____ Telephone _____

Existing Tank Information:

Tank Size: _____ Tank Contents: _____

_____ Abandonment _____ Removal

Monitoring: _____ Well _____ Borings _____ Tested on ___/___/___

DEC Spill# (if applicable) _____

Other _____
(explain)

New Installation:

Tank Size _____ Plans Approved? _____

Location:

_____ Above ground on pad/containment

_____ Below ground

_____ 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 for the abandonment of a fuel oil tank of more than 1,100 gallon capacity, the abandonment of any size non-fuel oil tank or the removal of any tank including fuel oil tanks of 1,100 gallon capacity or less.**

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.

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