

Village of Hewlett Neck

30 Piermont Ave
Hewlett, NY 11557
Tel: (516) 295-1400 · Fax (516) 295-1406

General Information for Oil Tank Abandonment

Fee: \$200

- Complete Permit Application Package describing project as: **Abandon existing oil tank**
- Include copy of Nassau County Dept. of Health Tank Abandonment Notification Form and Letter of Affirmation of Non-Leaking Tank.
- Submit contractors' General Liability (Village of Hewlett Neck as the certificate holder and additionally Insured) and Workers' Compensation Insurance Certificate and valid Town of Hempstead, N. Hempstead or Oyster Bay Plumber's License or Nassau County Consumer Affairs License.

***Check made payable to the Village of Hewlett Neck**

**** No work can start until a Permit is issued by the Building Department**

DATE:

OIL TANK ABANDONMENT PERMIT APPLICATION

Village of Hewlett Neck

PERMIT # _____

30 Piermont Avenue Hewlett, NY 11557

FEE: \$200

OWNER'S NAME _____

LOCATION & SBL _____

EMAIL & TEL # _____

COMPANY NAME _____

ADDRESS _____

EMAIL _____

TELE. # (BUS) _____

LIC. NO. T.O.H. _____ T.N.H. _____ T.O.B. _____

Description of Work: _____

Existing Tank Information:

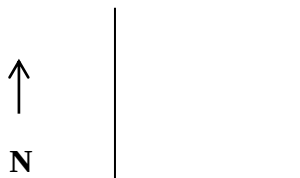
Tank Size:

_____ 275 _____ 550 _____ 1,000

Fill Material:

_____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



OWNER & CONTRACTOR, CERTIFIES THAT THE PROPOSED WORK COMPLIES WITH ALL OF THE PROVISIONS OF THE BUILDING ZONE ORDINANCE, BUILDING CODE (INCLUDING STATE BUILDING CONSTRUCTION CODE) AND ALL OTHER APPLICABLE STATUTES, ORDINANCES, RULES AND REGULATIONS.

Print Name (Owner)

Print Name (Contractor)

Signature (Owner)

Signature (Contractor)

APPROVED BY BUILDING INSPECTOR: _____ DATE: _____

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
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.**