Nassau County Department of Health	HASSAU COUNT			
Application for a Petroleum or a Toxic and Hazardous Materials Storage Facility Permit Form 2 - Tank Registration (See Instruction Sheet)		Date Application	Received	Facility ID
Facility Name	TRACTMENT OF ERALLY	Reviewed By:		Date Reviewd
		Action:	Not Req'd.	No. of Months
Facility Address		Approved	Disapproved	
Action Tank Number Location Design Capacity (Gallons) Design Capacity (Gallons) Tank Type Tank Internal Protection Piping Type NCDH Number Office Use Only) IS Protection Piping Design Capacity (Office Use Only)	ored	<i>Status</i> Installation Date (MM/YYYY)	Tank Leak Detection Secondary Containment Product Gauge	Fill Method Fill Method Tank Overfill Prevention Piping Leak Detection Date Last Used (MM/YYYY)
EH 858 4/86 Rev. 4/17 Date Submitted:		Page of _		□ D.P.