

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

