



NASSAU COUNTY DEPARTMENT OF HEALTH
200 COUNTY SEAT DRIVE
MINEOLA, NY 11501



Instructions for Completing:

Form 2 – Tank Registration

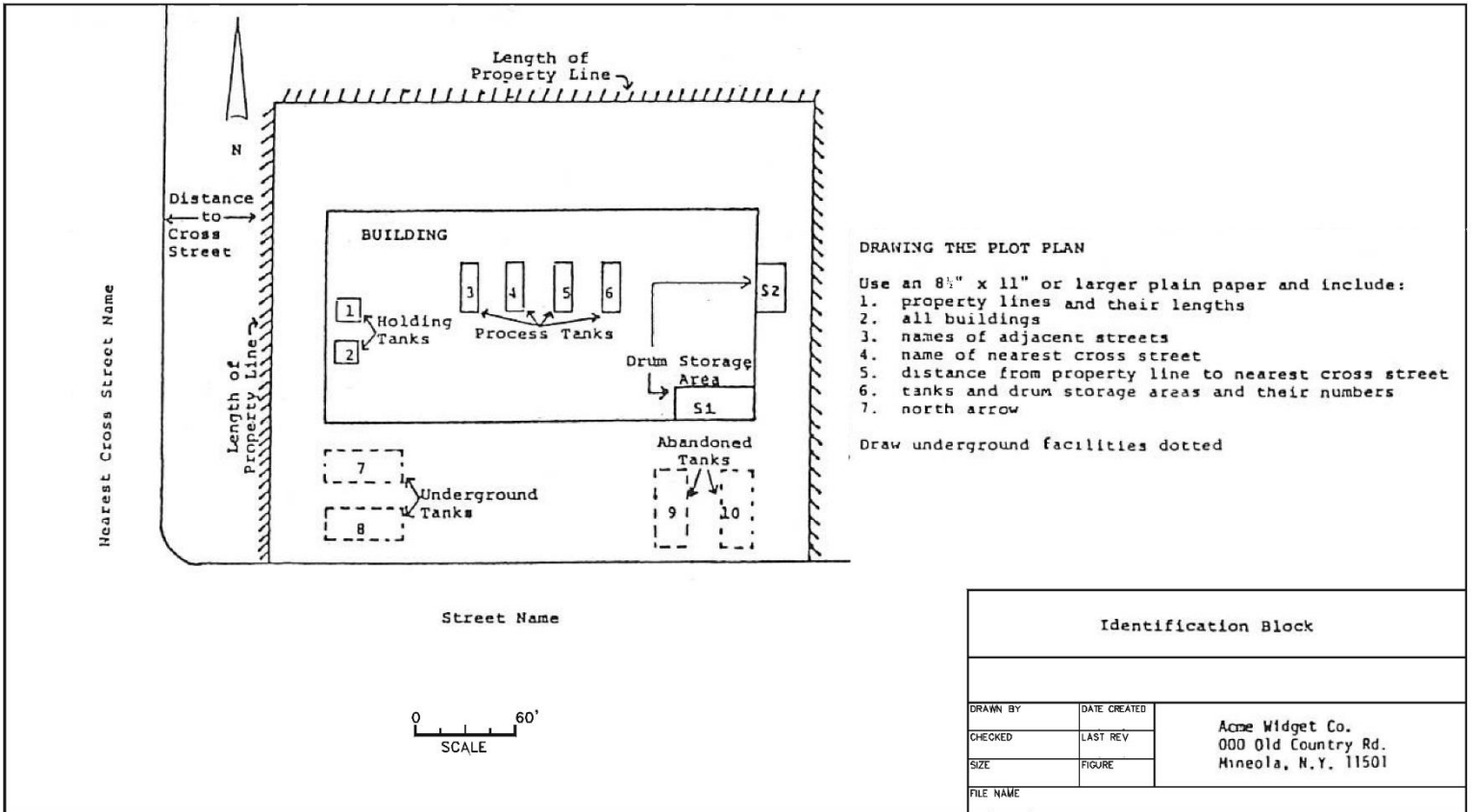
Fill out all fields either on a computer and print out the completed application, or by writing in the information in each field. Mail the completed forms to the appropriate Nassau County Health Department Bureau as indicated in the covering letter. Complete all items for “new” and “renewal” applications.

For “changes” (to add a new tank to an existing facility; to modify, remove or abandon in place an existing tank), complete all items pertaining to that tank(s), enter: facility name and address; the facility I.D. number; and the date submitted.

Note: All changes must be accompanied by a signed Form 1 along with any other appropriate forms. Form 2 must always be accompanied by a signed Form 1 and a Plot Plan, unless specifically directed to do otherwise.

<u>Item</u>	<u>Special Instructions</u>
Facility Name & Address	Enter the name of the facility on or in which the tanks are located and the actual location of the facility.
Facility I.D. Number	For "new" applications, leave this blank. For "renewals" and "changes" enter the I.D. number from the facility's Permit To Operate.
Action	Enter code from code key. Enter "Modify Tank" (Code 4) if a tank is substantially modified such as by installing an interior lining, adding corrosion protection or adding secondary containment. Note: Prior approval from the Health Department is required to abandon a tank in place (Code 5).
Tank Number	Identify each tank with a consecutive number starting with 1 (up to 4 characters) and indicate the tank numbers on the facility Plot Plan (see instructions below). List all known tanks whether or not they are now in service.
Location	Enter code from code key.
Design Capacity	Enter the total design or maximum capacity of the tank in gallons.
Material of Construction	Enter code from code key.
Tank Internal Protection	Enter code from code key that describes method of protection of the internal surface of the tank (i.e. lining or coating).
Tank External Protection	Enter code from code key that describes method of protection of exterior surface of underground tanks or the exterior surface of aboveground tanks that is in contact with the ground.
Piping	Enter code from code key.
Material Type	Enter code from code key.
Product Currently or last Stored	Enter the Nassau County Department of Health (NCDH) Number and the name of the product. A list of the NCDH Numbers is available from the Nassau County Health Department. If the NCDH Number is unknown, leave blank. For mixtures, enter the name and attach the OSHA Material Safety Data Sheets or other documents indicating the composition of the mixture.

Status	Enter code from code key.
Tank Installation Date	Enter the month and year (MM/YYYY) of completed construction and installation of the tank. If unknown, enter 0000.
Tank Leak Detection	Enter code from code key.
Secondary Containment	Enter code from code key.
Product Gauge	Enter code from code key.
Dispenser Method	Enter code from code key.
Fill Method	Enter code from code key.
Tank Overfill Prevention	Enter code from code key.
Piping Leak Detection	Enter code from code key.
Date Last Used	Complete this section only if the tank is abandoned in place. Enter month and year tank was last used. (MM/YYYY)
Page ___ of ___	Enter page number and total number of pages being submitted.
Plot Plan	Draw a Plot Plan similar to the sample below. Indicate the location of each tank and its number (see instruction above on assigning the tank number) .



Action

1 - Register Existing Tank	3 - Remove Tank	5 - Abandon Tank in Place
2 - Add Tank	4 - Modify Tank	

Location

1 - Indoors Aboveground	2 - Belowground	3 - Outdoors Aboveground
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Material of Construction

1 - Steel	3 - Concrete	8 - Other
2 - Fiberglass Reinforced Plastic	4 - Plastic	9 - Unknown

Tank Internal Protection

1 - Internal Lining (e.g. epoxy resin)	8 - Other
2 - None	9 - Unknown

Tank External Protection

1 - Cathodic Protection	3 - Fiberglass Reinforced Plastic	8 - Other
2 - Painted (e.g. asphaltic)	4 - None	9 - Unknown

Piping

1 - Steel / Iron	4 - Fiberglass	7 - Double Walled Steel
2 - Galvanized Steel	5 - Cathodically Protected	8 - Other
3 - Wrapped Steel	6 - Double Walled Fiberglass	9 - Unknown

Product Type

1 - Fresh / Product	2 - Waste
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Product Currently or Last Stored

Enter NCDH Number if known, if unknown leave blank. Enter name of product stored. For mixtures see instructions

Status

1 - In Service	3 - Removed	5 - In Service - Other Agency Permit
2 - Temporarily Out-of-Service	4 - Abandoned in Place	P - Plan Review Required (Construction)

Tank Leak Detection

1 - Electronic	3 - Sampling Well	5 - None
2 - Vapor Well	4 - In-Tank System	8 - Other

Secondary Containment

1 - Diking and Pad	3 - Double Wall Tank	5 - None
2 - Vault	4 - Underground Liner	8 - Other

Product Gauge

1 - Yes	2 - No
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Dispenser Method

1 - Submersible Pump	2 - Suction	3 - Gravity	4 - Loading Rack
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Fill

1 - Pumped	2 - Gravity	8 - Other
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Tank Overfill Prevention

1 - Manual	4 - Audible & Visible High Level Alarm + Automatic Shutoff
2 - Audible & Visible High Level Alarm	5 - Product Level Gauge (Translucent, Above Ground Only)
3 - Audible & Visible High Level Alarm + Fill Limiter	6 - Vent Whistle

Piping Leak Detection

1 - Visible	3 - Electronic Interstitial Monitoring
2 - Manual Interstitial Monitoring	4 - Electronic Interstitial Monitoring with Pressurized Piping Leak Detector