Nassau County Department of Health Application for a Petroleum or a Toxic and Hazardous Materials Storage Facility Permit					For Office Use Only					
					Date Application Received			Facility ID	)	
Form 3 - Bulk, Container, & Road De-icing Storage Registration (See Instruction Sheet)					Reviewed By:			Date Revi	iewd	
Facility Name					Action: Not Req'd. No. of Months				onths	
Facility Address					Approved Disapproved					
Action	Register Existing Area	Add Area	Remove Are	a 🗌 Modif	y Area	Area No.				
Location:	Indoors Outdoors	Bulk Storage Max. Quantity Stored:		Container Storage	Max. No.		Max	k. Vol.		
Secondary Containment	Impervious Berm/Dike	Impervious Floor/Pad [	Roof Wa	lls 🗌 Floor D	Drain & Stora	ige Tank	] None	Other (Specify):		
Construction N (Check all that	/aterial of Dike & Pad Apply)	Concrete	Steel	Other (Specify):				Security	Yes No	
		Material Name			Physical				Storage Method	
Туре	NCDH Number			State	Average Quantity	Units	Average Number	Туре		
					1					
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