



NASSAU COUNTY DEPARTMENT OF HEALTH  
Division of Environmental Health

**APPLICATION FOR PUBLIC ACCESS TO NASSAU COUNTY  
SOURCE WATER ASSESSMENT RECORDS**

**IMPORTANT**

In addition to this application and in accordance with the Nassau County Department of Health "Protocol for Review of Requests for Long Island Source Water Assessment Reports dated September 3, 2003", THE APPLICANT IS REQUIRED TO INDICATE ON HIS/HER COMPANY LETTERHEAD THE REASON FOR THE REQUEST AND HOW THE INFORMATION WILL BE USED. If approved, the Nassau County Department of Health will request that the applicant sign an agreement that the information obtained will not be distributed to other parties.

To: Patricia Ramirez, P.E.  
Nassau County Department of Health  
Bureau of Environmental Engineering  
200 County Seat Drive  
Mineola, New York 11501  
**FAX No. 516- 227-9613**

Date of Request \_\_\_\_\_

I, \_\_\_\_\_  
Print your name Signature

Representing \_\_\_\_\_  
Print name of Firm

Client \_\_\_\_\_  
Print

Your Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**HEREBY APPLY TO INSPECT NASSAU COUNTY SOURCE WATER ASSESSMENT RECORDS FOR  
THE FOLLOWING PUBLIC WATER SUPPLY WELLS:  
(Complete One Application for Each Public Water Supplier)**

Name of Public Water Supplier	_____
Public Water Supply Well No(s):	_____

**FOR HEALTH DEPARTMENT USE ONLY BELOW THIS LINE**

Signature	_____	<input type="checkbox"/> Approved
	Date	<input type="checkbox"/> Denied