



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



Instructions for Completing:

**Form 3 - Bulk, Container, & Road De-icing
Storage Registration**

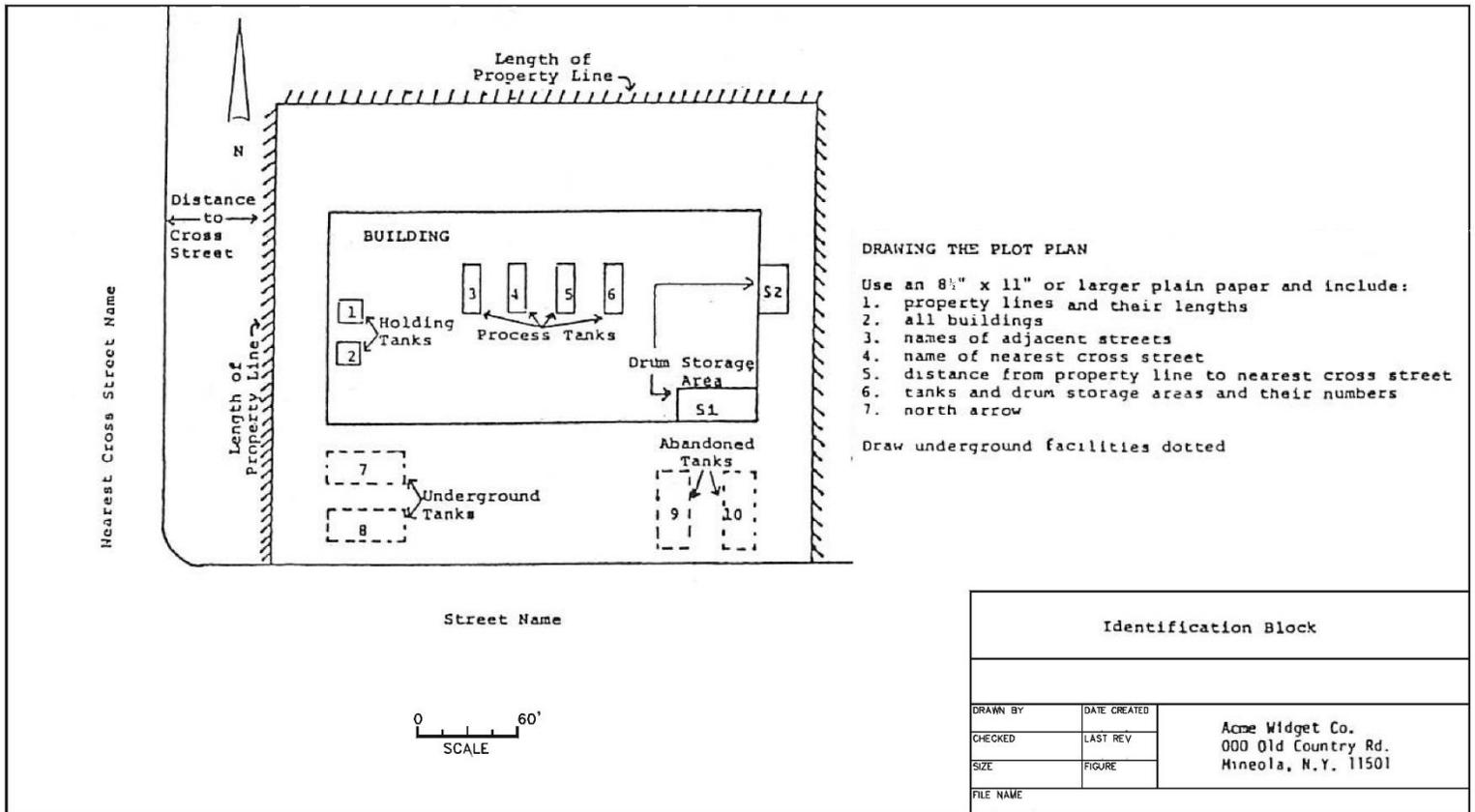
Fill out all fields either on a computer and print out the completed application, or by writing in the information in each field. Mail the completed forms to the appropriate Nassau County Health Department Bureau as indicated in the covering letter. Complete all items for each storage area for the “initial” registration of bulk or container storage areas at an existing facility, or at a new or transferred facility.

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

Note: A separate Form 3 should be submitted for each storage area. All changes must be accompanied by a signed Form 1 along with any other appropriate forms. Form 3 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 where the bulk storage areas 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	Check the appropriate box.
Area Number	Identify each storage area by the letter "S" followed by consecutive number starting with 1 (up to 3 characters) and indicate the storage areas on the facility Plot Plan (see instructions below). List all known areas in service.
Location	Check the appropriate box.
Bulk Storage - Maximum Quantity Stored	Indicate the maximum amount of bulk material (loose or bagged) that is, or will be, stored in this area. Indicate the units of measurement (pounds, tons, etc.).
Container Storage - Maximum Number & Volume	Indicate maximum number of containers that are, or will be, stored in this area and maximum volume to be stored. Indicate measurement units (gallons, liters, etc.).
Secondary Containment	Check all items that apply to the method of secondary containment and protection provided at this storage area.
Construction Material of Dike and Pad	Check appropriate box. If "Other", specify the type of Material. If a dike and pad are not provided, leave blank.
Security	Indicate whether storage area is protected (by fencing, walls, locked gate, etc.).
Material Type	Enter code front code key for type of material stored.
NCDH Number	Enter the Nassau County Department of Health (NCDH) Number and the name of the material. A list of the NCDH numbers is available from the Nassau County Department of Health. If the NCDH Number is unknown, leave blank. For mixtures, leave blank and attach the OSHA Material Safety Data Sheets or other documents indicating the composition of the mixture.

Material Name	Enter the common chemical name. For wastes, enter the name that best describes the principal hazardous substance (e.g. chromium hydroxide sludge, tetrachloroethylene still bottoms). For mixtures, enter the name and attach the OSHA Material Safety Data Sheets or other documents indicating the composition of the mixture.
Physical State	Enter code from code key.
Amount Stored	Enter the average quantity of material stored at any one time. Enter code from code key that identifies the units.
Storage Method	Enter average number of bags/containers or other devices used to store the material. If loose bulk, leave blank. Enter code from code key that identifies the units.
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 storage area and its number (see instruction above on assigning numbers) .



Type			
1 - Fresh/Product	2 - Waste		
NCDH Number			
Enter NCDH Number from list available from the Nassau County Department of Health or if unknown leave blank. For wastes and mixtures see instructions.			
Material Name			
Enter the common chemical name. For wastes and mixtures see instructions.			
Physical State			
1 - Liquid (Less than 20 dry solids by weight)	2 - Solid (20% or more solids by weight)	3 - Gas	
4 - Sludge (Any solid, semisolid, or liquid waste generated from a municipal, commercial or industrial wastewater treatment plant or air pollution control facility exclusive of the treated effluent from a wastewater treatment plant.)			
Amount Stored - Units			
1 - Gallons	3 - Pounds	5 - Liters	7 - Grams
2 - Cubic Yards	4 - Tons	6 - Kilograms	
Storage Method - Type			
1 - Drum (55 Gallon)	3 - Bulk	5 - Bag	
2 - Other Containers	4 - Carton	6 - Roll-off	