



**NASSAU COUNTY
DEPARTMENT OF HEALTH**
200 COUNTY SEAT DRIVE
MINEOLA, NEW YORK 11501
516 227-9691
FAX: 516 227-9613

Re: Registration of Storage of
Toxic and Hazardous Materials

Dear Facility Owner/Operator:

In order to protect the ground and surface waters of Nassau County the Board of Health, in 1986, adopted a Public Health Ordinance (Article XI); titled Toxic and Hazardous Materials Storage, Handling and Control. This Ordinance provides for the registration and regulation of toxic and hazardous materials stored in underground or aboveground tanks, containers or in bulk.

Toxic and hazardous materials, which are specifically defined in the Article XI regulations, include any substance, solution or mixture, including petroleum products and waste products, which presents an actual or potential hazard to human health or a threat to the quality of either the underground drinking water supply or surface waters if discharged to the land or waters of Nassau County.

Registration is mandated whenever any of the following minimum total storage capacities exist at a facility:

- A total of 250 gallons or more of toxic or hazardous; materials including chemicals, as well as lubricating, transmission, hydraulic, cutting and motor oils.
- Individual tanks of more than 1,100 gallons capacity storing fuel oil used solely for on site space or water heating.
- 50 gallons or more of halogenated hydrocarbons (cleaning fluids, etc.).
- More than 27.5 gallons or more than 220 pounds of toxic or hazardous waste.
- Any amount of regulated medical (red bag) waste except waste generated in a private home by a resident of the home or by a person providing care to a resident of the home.
- Bulk (dry) storage exceeding 2,000 pounds of toxic or hazardous materials.

(over)

Our records indicate that your facility may fall under the provisions of the Ordinance. Please complete Form 1 (General Information). Form 2 (Tank Registration) and/or Form 3 (Bulk and Container Storage Registration) should be completed if any tank and/or bulk and container storage exists at your facility. Refer to the enclosed instructions for filling out the forms.

The completed forms must be returned within 2 weeks of the above date to:

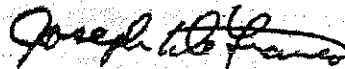
Nassau County Department of Health
Toxic and Hazardous Materials Storage Program
200 County Seat Drive
Mineola, NY 11501

The forms must be completed and returned whether or not registration is required. Your application will be reviewed and a determination made as to whether or not your facility is subject to the Ordinance. If it is, you will receive a fee statement that reflects the number of tanks and/or storage areas and the duration of the permit. You will have to pay this fee in order to register your facility and obtain the required permit.

Failure to comply with the above requirements could result in legal action as mandated by the Ordinance.

If you have any questions, you may contact Robin Putnam at (516) 227-9691 between 9 a.m. and 4:45 p.m. on weekdays.

Very truly yours,



Joseph DeFranco, Director
Bureau of Environmental Protection

Enclosures

Revised 5/1/2014

Nassau County Department of Health

INSTRUCTIONS FOR COMPLETING APPLICATION FOR A TOXIC OR HAZARDOUS MATERIALS
STORAGE FACILITY PERMIT – FORM 1

Type or print in ink. 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” where Form 1 has previously been submitted enter: the facility name and address; the facility I.D. Number; check the reason for submitting this application; sign the form; and forward it to the Health Department along with any other appropriate forms.

<u>Item</u>	<u>Special Instructions</u>
Facility Name & Address	Indicate the name of the facility for which the application is being prepared and the actual location of the facility.
Facility Contact Person	Enter name and title of the person who is familiar with the facility plan used to comply with provisions of Article XI or who can act as an authorized representative of the owner. All correspondence will be sent to this person at the facility mailing address.
Facility Owner	Enter name, address, and phone number of the owner of the storage facility at the location for which an application is being prepared.
Property Owner	Enter name, address, and phone number of the owner of the property where the storage facility is located; if same as facility owner, write “same.”
Tank Owner	Enter name, mailing address, and phone number of the owner of the storage tanks at the facility; if same as facility owner, write “same.” If there is more than one owner, write “multiple” and enter the following on the reverse side of Form 1 for each tank: tank number and the name, mailing address, and telephone number of the owner of the tank.
Name that should appear on the Permit (Permittee)	Enter name and address of the person (corporation, partnership, facility, etc.) to whom the permit should be issued. This name will appear on the permit and will be considered to be the person in control of the facility and thus be responsible for complying with all provisions of Article XI.
Principal Property Tax Code	Indicate the tax code (School District No., Section, Block, and Lot) for the parcel of land upon which the storage facility is located. If the facility is located on more than one parcel, enter the tax code for the lot located in the northwest quadrant.
Signature & Date	<p>An application submitted by a <u>corporation</u> must be signed by a principal executive officer of at least the level of vice-president or a duly authorized representative who is responsible for the operation of the facility.</p> <p>An application submitted by a <u>partnership</u> or a <u>sole proprietorship</u> must be signed by a general partner or proprietor.</p> <p>An application submitted by a <u>municipal or other public facility</u> must be signed by either a principal executive officer, ranking elected official, or other duly authorized employee.</p>

Nassau County Department of Health
NASSAU COUNTY PUBLIC HEALTH ORDINANCE - ARTICLE XI
APPLICATION FOR A TOXIC OR HAZARDOUS MATERIALS
STORAGE FACILITY PERMIT

FORM I-GENERAL INFORMATION (SEE INSTRUCTION SHEET)

If applicable, check the following: <input type="checkbox"/> Municipality <input type="checkbox"/> Public School <input type="checkbox"/> Other tax-supported institutions	If tax exempt facility, enter N.Y. State Exempt Organization Certificate No. and enclose a copy:		For Office Use Only	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Facility I.D.	Date Rec'd.
	Permit Months:		Permit Months:	

Check all that apply to your facility: ☐ Tank Storage ☐ Container Storage ☐ Bulk Storage ☐ Storage of Road De-icing Materials

Reason for submitting application: ☐ New ☐ Renewal ☐ Change ☐ Construction

Facility Name	Street Address	Post Office	State	Zip	Phone
Facility Mailing Address (If different from above)					
Facility Owner	Street Address	Post Office	State	Zip	Phone
Property Owner (If not Facility Owner)	Street Address	Post Office	State	Zip	Phone
Tank Owner (If not Facility Owner)	Street Address	Post Office	State	Zip	Phone

Name that should appear on Permit (Permittee)
(If different from Facility Owner)

Permittee's Street Address	Post Office	State	Zip	Phone
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Permittee's Relationship to Facility Owner: ☐ Same ☐ Operator of Facility ☐ Other (Specify):

Principal Property Tax Code:	School District No.	Section	Block	Lot
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Forms Attached ☐ Form 2 - Tank Registration ☐ Form 3 - Bulk & Container Storage Registration ☐ Form 4 - Storage of Road De-icing Materials
(Check all that apply)

I hereby affirm under penalty of perjury that the information provided on this form and on any attached forms, statements and exhibits is true and correct to the best of my knowledge and belief.

Print Name	Signature	Title	Date
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NASSAU COUNTY DEPARTMENT OF HEALTHINSTRUCTIONS FOR COMPLETING FORM 2- TANK REGISTRATIONGeneral Instructions

Type or print in ink. Mail the completed forms to the appropriate Nassau County Health Department Bureau as indicated in the covering letter.

Form 2 must always be accompanied by Form 1 and a Plot Plan, unless specifically directed to do otherwise.

Complete all items for all tanks for the "initial" registration of tanks at an existing facility, or at a new or transferred facility.

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.

<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. <u>Note</u> : 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.
Internal Protection	Enter code from code key that describes method of protection of the internal surface of the tank (i.e. lining or coating).
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.
Material Currently or Last Stored	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 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.

CODE KEY FOR FORM 2 - TANK REGISTRATION

<u>Action</u>	<u>Location</u>	<u>Material of Construction</u>
1 Register Existing Tank	1 Indoors Aboveground	1 Steel
2 Add Tank	2 Indoors Belowground	2 Fiberglass reinforced plastic
3 Remove Tank	3 Outdoors Aboveground	3 Concrete
4 Modify Tank	4 Outdoors Belowground	4 Plastic
5 Abandon Tank in Place		8 Other
		9 Unknown

<u>Internal Protection</u>	<u>External Protection</u>	<u>Piping</u>
1 Internal lining (e.g. epoxy resin)	1 Cathodic Protection	1 Steel/Iron
2 None	2 Painted (e.g. asphaltic)	2 Galvanized Steel
8 Other	3 Fiberglass reinforced plastic	3 Wrapped Steel
9 Unknown	4 None	4 Fiberglass
	8 Other	5 Cathodically Protected
	9 Unknown	6 Double Walled Fiberglass
		7 Double Walled Steel
		8 Other
		9 Unknown

<u>Material Type</u>	<u>Material Currently or Last Stored</u>
1 Fresh/Product	Enter NCDH Number, if unknown, leave blank.
2 Waste	For Mixtures see Instructions

<u>Status</u>	<u>Leak Detection System</u>	<u>Secondary Containment</u>
1 In Service	1 Electronic	1 Diking and Pad
2 Temporarily Out-of-Service	2 Vapor Well	2 Vault
3 Abandoned/Removed	3 Sampling Well	3 Double Wall Tank
4 Abandoned in Place	4 In-Tank System	4 Underground Liner
5 In Service - Other Agency Permit	5 None	5 None
P Plan Review Required (Construction)	8 Other	8 Other

<u>Product Gauge</u>	<u>Dispenser Method</u>	<u>Fill</u>
1 Yes	1 Submersible Pump	1 Pumped
2 No	2 Suction	2 Gravity
	3 Gravity	8 Other
	4 Loading Rack	

Condition (Tanks Abandoned In Place)

- 1 Filled with Inert Material
- 2 Not Filled
- 9 Unknown

Status Enter code from code key.

Tank Installation Date Enter the month and year of completed construction and installation of the tank.
If unknown, enter 0000.

Leak Detection System 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 Enter code from code key.

Additional Information for Abandoned Tanks Complete this section only if the tank is abandoned in place.

. Date Last Used Enter month and year tank was last used.

. Condition Enter code from code key.

Page of Enter page number and total number of pages (Form 2) 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).

SAMPLE PLOT PLAN

Identification Block	Acme Widget Co. 900 Old Country Rd. Mineola, N.Y. 11501
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DRAWING THE PLOT PLAN

Use an 8 1/2" x 11" or larger plain paper and include:

1. property lines and their lengths
2. all buildings
3. names of adjacent streets
4. name of nearest cross street
5. distance from property line to nearest cross street
6. tanks and drum storage areas and their numbers
7. north arrow

Draw underground facilities dotted

For Office Use Only		Facility I.D.
Date Application Received		
Reviewed By		Date Reviewed
Action:	<input type="checkbox"/> Not Req'd. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	No. of Months

D.P.

NASSAU COUNTY DEPARTMENT OF HEALTHINSTRUCTIONS FOR COMPLETING FORM 3- BULK & CONTAINER STORAGE REGISTRATIONGeneral Instructions

Type or print in ink. Mail the completed forms to the appropriate Nassau County Health Department Bureau as indicated in the covering letter.

Form 3 must always be accompanied by Form 1 and a Plot Plan, unless specifically directed to do otherwise.

A separate Form 3 should be submitted for each storage area.

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, remove or modify 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: all changes must be accompanied by a signed Form 1.

<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	Check appropriate box.
Area No.	Identify each storage area by the letter "S" followed by consecutive numbers starting with 1 (up to 3 numeric characters) and indicate the numbers on the facility Plot Plan (See instructions below). List all areas in service.
Location	Check 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- Max. 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.).
Type	Enter code from 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 (Form 3) you are submitting.

Plot Plan Draw a Plot Plan similar to the sample below. Indicate the location of each containment area and its number (see instruction above on assigning the area number).

SAMPLE PLOT PLAN

The diagram illustrates a property layout with the following features:

- Property Lines:** Labeled with 'Length of Property Line' and 'Nearest Cross Street Name'.
- Building:** A central structure containing 'Holding Tanks' (1, 2), 'Process Tanks' (3, 4, 5, 6), and a 'Drum Storage Area' (51).
- Underground Tanks:** Labeled '7' and '8'.
- Abandoned Tanks:** Labeled '9' and '10'.
- Other Features:** A 'Distance to Cross Street' arrow, a 'North Arrow' (N), and a 'Street Name' label.

Identification Block	Acme Widget Co. 600 Old Country Rd. Mineola, N.Y. 11501
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DRAWING THE PLOT PLAN

Use an 8 1/2" x 11" or larger plain paper and include:

1. property lines and their lengths
2. all buildings
3. names of adjacent streets
4. name of nearest cross street
5. distance from property line to nearest cross street
6. tanks and drum storage areas and their numbers
7. north arrow

Draw underground facilities dotted

CODE KEY FOR FORM 3 - BULK AND CONTAINER STORAGE REGISTRATION

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

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
- 2 Cubic Yards
- 3 Pounds
- 4 Tons
- 5 Liters
- 6 Kilograms
- 7 Grams

Storage Method - Type

- 1 Drum (55 Gallon)
- 2 Other Containers
- 3 Bulk
- 4 Carton
- 5 Bag
- 6 Rolloff

NASSAU COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR A TOXIC OR HAZARDOUS
FORM 3 - BULK AND CONTAINER STORAGE
SEE INSTRUCTION SHEETS

For Office Use Only

Date Application Received	Facility I.D.
Reviewed By	Date Reviewed
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Not Req'd <input type="checkbox"/> Disapproved	No. of Months

[illegible]