



NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
VOICE: 516 227-9691
FAX: 516 227-9613



SCHEDULE REQUEST

FUNCTIONALITY

TANK TEST

NAME OF TESTING COMPANY: _____

CONTACT: _____

CONTACT PHONE NUMBER: _____

CONTACT FAX NUMBER: _____

DATE OF TEST(S): _____ **ESTIMATED START TIME:** _____

LOCATION NAME: _____

NCDOH FACILITY ID NUMBER: _____

LOCATION ADDRESS: _____

TANK(S) TO BE TESTED:

TANK ID #	PRODUCT	CAPACITY	CONFIRMATION #

THIS FORM IS TO BE E-MAILED TO NCDOH NO LATER THAN SEVEN (7) BUSINESS DAYS PRIOR TO TEST DATE.

DO NOT FAX THIS FORM TO NCDOH!

TEST IS NOT CONSIDERED TO BE SCHEDULED UNTIL CONTRACTOR RECEIVES CONFIRMATION FROM NCDH.