



## Engineer's Certification of Petroleum Bulk Storage Improvement Project Completion and Application for an Approval of Completed Works

1. Facility Name: \_\_\_\_\_ 2. Facility ID Number: \_\_\_\_\_

3. Facility Address: \_\_\_\_\_

4. Plans Reviewed by: \_\_\_\_\_ 5. Project File No. \_\_\_\_\_

6. Construction Start Date: \_\_\_\_\_ 7. Construction Completion Date: \_\_\_\_\_

8. Date of Inspection: \_\_\_\_\_ Confirmation No. \_\_\_\_\_ Inspector: \_\_\_\_\_

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9. Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Deviations from approved plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheets if additional space is needed)

11. I have enclosed "As-Built" Engineering Drawings.

12. I have submitted / will submit any required tank tightness test results, automatic line leak detector test results, and functionality test results, along with fee payments to the Nassau County Department of Health.

13. Pursuant to Article XV, Section 1.9(i)(3) of the Nassau County Public Health Ordinance, I hereby request that an Approval of Completed Works be issued for the referenced project after final inspection by the Department has been conducted. By affixing my seal and signature to this document I certify that the construction of the referenced project including any required environmental mitigating measures was completed in accordance with the approved plans or approved amendments thereto. In addition, a set of the approved "As-Built" record drawings, operation manuals, and equipment manuals will be left on site at the facility.

14. Engineering Firm: \_\_\_\_\_

Name of Professional Engineer: \_\_\_\_\_

**NYS Engineer's Seal and Signature**

Phone Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Send completed form and attachments to:

Nassau County Department of Health  
Bureau of Environmental Engineering  
200 County Seat Drive  
Mineola, New York 11501