SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICE
TOXIC LIQUID STORAGE REGISTRATION FORM

Fac. Ref. No. ______ OFFICIAL USE ONLY

New ___
Change ___
Add ___

Principal Property Tax Code   District ____   Section ___.___   Block ____   Lot ___.___

Facility Name	No.	Street	Community	State	Zip	Phone No.
Tank Owner	No.	Street	Community	State	Zip	Phone No.

Write mat'l. number in left column

*- Designates cathodic protection

TANK NUMBER	ABOVEGROUND	UNDERGROUND	INDOORS	OUTDOORS	CAPACITY (GALLONS)	# (1- GASOLINE, 2- #2 FUEL OIL, 3- #4 FUEL OIL, 4- #6 FUEL OIL, 5- KEROSENE, 6- WASTE OIL, 7- DIESEL, 8- ORG. SOLVENT, 9- IND. WASTES, 10- MOTOR OIL, 11- TRANS FLUID, 12- ANTIFREEZE, 13- CAUSTIC, 14- METHANOL, 15- DRUM STOR)	Other Material (Specify)	YEAR INSTALLED	SINGLE WALLED: PLAIN STEEL	SINGLE WALLED: FIBERGLAS	SINGLE WALLED: BUFFHIDE *	SINGLE WALLED: BUFFHIDE	SINGLE WALLED: STIP-3	SINGLE WALLED: ALPHA	SINGLE WALLED: OTHER	DOUBLE WALLED: FIBERGLAS	DOUBLE WALLED: BUFFHIDE *	DOUBLE WALLED: BUFFHIDE	DOUBLE WALLED: STIP-3	DOUBLE WALLED: OTHER	DISPENSER: SUBMERSIBLE	DISPENSER: SUCTION	DISPENSER: GRAVITY	DISPENSER: OTHER	FILL: PUMPED	FILL: GRAVITY	FILL: OTHER	OFFICIAL USE ONLY

I certify that information on this application and all attachments have been reviewed and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate, and complete. I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Receipt No.______

Amt. of Fee______

Date	Print Name	Signature	Title

HMM003 Rev 2/88

18-262-..3/88