

TANK CLOSURE NOTIFICATION

Notify the Department by phone at least 48 hours prior to the requested inspection time.

To: DOH-Tanks@westchestergov.com

Date: _____

FACILITY	CONTRACTOR
PBS No.	Company
Site Name	Contact
Address	Telephone
City	Requested Closure Date
Provide Specific Tank Location details	Requested Inspection Time
	Contact Email
NYSDEC Spill No.	Contact for onsite crew: phone/email

TANK INFORMATION			
Tank ID	Capacity	Product Stored	Type
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
			<input type="checkbox"/> Removal <input type="checkbox"/> Closure in place*
Attach Proof of Department approval to this form. COMMENTS:			

*Closures in place: Tank Closure Notification Date refers to the day the tank will be filled with an inert material. Note that sampling may be required and results submitted prior request for closure. See work permit instructions for details.

**This request is not automatically scheduled. You will receive an email confirming scheduled date and time of the tank closure. If you are unable to keep scheduled appointment contact the Department immediately at 914-864-7278 or 79