

TANK TEST NOTIFICATION FORM
 (now including CP testing)

OEHRC must receive notification at least 48 hours prior to the test start time.

To: Westchester County Department of Health Date: _____
 From: _____ Telephone: _____

FACILITY	TESTER
PBS No.	Company
Site Name	Technician
Address	Telephone
City	Test Date
Contact	Test Start Time
Telephone	Estimated Test End Time

TANK INFORMATION			
Tank ID	Capacity	Product Stored	Type (check all that apply)
			<input type="checkbox"/> Initial System Test <input type="checkbox"/> Retest; NYSDEC Spill No.: <input type="checkbox"/> Anode Test <input type="checkbox"/> Impressed Current Test
			<input type="checkbox"/> Initial Test <input type="checkbox"/> Retest; NYSDEC Spill No.: <input type="checkbox"/> Anode Test <input type="checkbox"/> Impressed Current Test
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