



SUFFOLK COUNTY DEPT. OF HEALTH SERVICES

APPLICATION

FOR PERMIT TO CONSTRUCT TOXIC/HAZARDOUS MATERIALS STORAGE FACILITY

SITE / LOCATION INFORMATION

Business Name		Contact Person			
Physical Address			Community	State	Zip
Mailing Address (if different from Physical address)			Community	State	Zip
Phone Number	Fax Number	E-Mail Address			
TAX MAP NUMBER	District	Section	Lot	Block	

STORAGE FACILITY OWNER INFORMATION

Storage Facility Owner's Name		Contact Person			
Mailing Address			Community	State	Zip
Phone Number	Fax Number	E-Mail Address			

PROFESSIONAL ENGINEER OR REGISTERED ARCHITECT INFORMATION

Firm/Professional's Name		Contact Person			
Mailing Address			Community	State	Zip
Phone Number	Fax Number	E-Mail Address			

Scope of Article 12 work: (Check all that apply)

<input type="checkbox"/> Aboveground Tank	<input type="checkbox"/> Upgrade Existing Facility	<input type="checkbox"/> Piping and/or Dispenser
<input type="checkbox"/> Underground Tank	<input type="checkbox"/> Transfer Facility	<input type="checkbox"/> Vapor Recovery
<input type="checkbox"/> Drum/Portable Container	<input type="checkbox"/> Dry Bulk Storage	<input type="checkbox"/> _____

Scope of Non Article 12 work: (Check all that apply)

<input type="checkbox"/> New building construction	<input type="checkbox"/> New sanitary system
<input type="checkbox"/> Addition to existing building	<input type="checkbox"/> Addition to existing sanitary system
<input type="checkbox"/> Renovation of existing building	<input type="checkbox"/> Upgrade of existing sanitary system
<input type="checkbox"/> No additional building work is to be done	<input type="checkbox"/> No sanitary work is to be done

GRAY AREA IS FOR OFFICIAL USE ONLY

Job #	File Reference Number	Facility Id. Number
H M		

Notes: _____

OTHER PERMITS REQUIRED.		YES	NO
Are any of the following permits required?			
SPDES-D Permit, sanitary waste only - SCDHS/NYSDEC			
SPDES Permit - Industrial Waste - SCDHS/NYSDEC			
Sewer District Industrial Discharge Permit			
Sewage Disposal Facilities and Water Supply Systems for Other Than Single Family Residences			
FOR HAZARDOUS MATERIAL STORAGE OR DISCHARGE		YES	NO
1.	Is or will wastewater, other than sewage, be discharged into the ground? If yes explain _____ _____ _____		
2.	Does or will the business have collection sumps, troughs, floor drains, boiler drains, etc.? If yes explain _____ _____ _____		
SITE INFORMATION		YES	NO
1	Is any portion of the subject property in a "Coastal Erosion Hazard Area" (pursuant to 6NYCRR Part 505) or subject to imminent erosion or flooding? If yes, show area on plans and explain _____ _____ _____		
2	Is any portion of the subject property in a "Flood Plain Area", as defined by the Federal Emergency Management Agency (FEMA) flood plain maps? If yes, show area on plans and explain _____ _____ _____		
3	Has the property ever been used for the disposal of solid waste or hazardous waste? If yes, show area on plans and explain _____ _____ _____		
4	Is the parcel subject to existing covenants or restrictions that would effect this project? If yes, explain _____ _____ _____		
5	Is the subject property within 100' of any surface water(s) or wetland(s)? If yes, show on plans.		
6	Is there a public water well field within 1,500 feet of property boundaries? If yes, show on a scaled area map. Direction of groundwater flow must be included on the map.		
Additional Explanations/Comments: _____ _____ _____ _____ _____			

SITE INFORMATION

Water Supply: Public _____ Private _____

Sewerage System: Public _____ Private _____

Building Department _____

Fire District _____

Depth to groundwater _____ (If less than 20 feet and underground tanks are being installed, on site verification is required prior to submitting this application.)

Number of tanks or storage areas to be removed: Aboveground _____ Belowground _____

Number of tanks or storage areas to be installed: Aboveground _____ Belowground _____

Describe scope of project:

GENERIC TANK SECTION

This section is to be used only when tanks from the generic list are being installed.

Manufacturer _____ Model Number _____ Product Stored _____

Manufacturer _____ Model Number _____ Product Stored _____

Manufacturer _____ Model Number _____ Product Stored _____

Manufacturer _____ Model Number _____ Product Stored _____

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, State of New York.

Print Storage Facility Owner's Name	Storage Facility Owner's Title
Storage Facility Owner's Signature	Date
Print Real Property Owner's Name	Real Property Owner's Title
Real Property Owner's Signature	Date
Print Design Professional's Name	Design Professional's Title
Design Professional's Signature	Date

INSTRUCTIONS

- 1.1 To obtain a Permit to Construct, the following items must be submitted to and approved by the Environmental Engineering Bureau:
 - a. A completed Application for a Permit to Construct a Toxic/Hazardous Materials Storage Facility, signed by the storage facility owner, the real property owner and the licensed engineer or registered architect
 - b. A completed Toxic Liquid Storage Registration form (HMM003)
 - c. A filing fee, as specified in the Fee Schedule for Services Related to Article 12, made payable to Suffolk County Department of Health Services. Federal, state, county, town and village facilities are fee exempt
 - d. Four sets of drawings prepared and signed by a New York State licensed professional engineer or registered architect.
 - e. Copy of New York State Certificate of Authorization (C of A) to provide engineering services or completed exemption form. C of A must match title block on drawings.

- 1.2 Each plan submitted for construction approval must include the following:
 - a. Key map highlighting the site location
 - b. Site plan, of suitable scale, illustrating the following:
 - north arrow
 - existing and proposed buildings
 - property lines
 - all existing and proposed locations for the storage of toxic/hazardous materials
 - all utilities, storm drains, sanitary system, potable water wells, underground and aboveground piping, proposed and existing monitoring wells and surface waters within 200 feet from the edge of any tank
 - soil borings

 - Title block listing the following:
 - facility name and address
 - engineer/architect name, address, phone number, signature, seal
 - Suffolk County Tax Map Number (District/Section/Block/Lot)
 - scale of drawing
 - 4" x 6" empty block for Suffolk County Department of Health Services' approval stamp
 - d. Construction details, with appropriate plan and section drawings
 - e. A partial plan view
 - c. Excavation cross-section details

- 1.3 Construction standards are available for: aboveground indoor tanks, aboveground outdoor tanks, drum and portable container storage, global containment, double wall underground tanks, single wall underground tanks, transfer facilities, over fill alarm systems, leak detection alarm systems

- 1.4 Information on engineer/architect is not required for permits to install tanks in the Departments "Generic Tank Program". Also see publication: Generic Tank Permitting Program.

- 1.5 **Construction may not proceed until a Permit to Construct a Toxic/Hazardous Materials Storage Facility is issued by this Department.**