

TANK CLOSURE NOTIFICATION

Notify the Department at least 24 hours prior to the requested inspection time.

To: Westchester County Department of Health Date: _____

From: _____ Telephone: _____

FACILITY	CONTRACTOR
PBS No.	Company
Site Name	Contact
Address	Telephone
City	Closure Date
	Requested Inspection Time

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
			<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