



## Annual Leak Monitoring Test Form For Underground Storage Tank Systems with Secondary Containment

The New Hampshire Department of Environmental Services (NHDES) has developed this form to help you document the required annual testing of the leak monitoring equipment at this underground storage facility. Consult manufacturer's recommendations for specific guidelines.

Inspection Date: June 10, 2014  
Site Name: Golden Opportunities  
Address: 148 Main St.  
City, State: Wilton, NH 03036

DES Facility / Site Number: 0111761 / 199302018

### A. Results of Annual Leak Monitoring Test

Complete the following checklist using **Y=yes**, **N=No**, **N/A=Not Applicable**. If your answer is no, describe how and when these items will be corrected on the bottom of this form.

Leak Monitoring System Manufacturer and Model Number:		ILS-350
	Tank #'s:	6B
1.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y
2.	Tank secondary containment sensor is positioned per manufacturer's recommendation.	Y
3.	Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer's recommendation.	Y
4.	Brine level of the tank interstitial space is within the manufacturer's operating range.	N/A
5.	The secondary containment and the piping sumps are free of liquid.	Y
6.	All sensors were visually inspected, manually tested and confirmed operational.	Y
7.	The leak monitor console audible alarm is operational.	Y
8.	The leak monitor console visual alarm is operational.	Y
9.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A
10.	Overfill alarm sensors and shutoff devices were manually activated and verified to be at the proper operational setting. (Required for ASTs)	Y
11.	In summary, the leak monitor system is confirmed to be in proper operation per manufactures' requirements, all sensors are reset and alarms have been cleared.	<u>PASS</u>

Notes: All other tanks are in temporary closure and have been removed from the ILS-350 programming.

**B. Verification:** I hereby verify that the equipment identified in this document was tested for proper operation in performance of the original design function with the manufacturer's requirements. Attached to this form is information (if available, system set-up reports) necessary to verify that this information is correct.

Test Technician: James M. Spiller

Signature: 



51 Silkwood Ave. D2

Belmont, NH 03220

Phone: (603) 527-8202

Fax: (603) 737-0288

E-Mail: jim@ttsne.com