7 LAKES PROVISIONS

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## Annual Leak Monitoring and Overfill Protection Test Form For Underground or Aboveground Storage Tank Systems

N. H. Code of Administrative Rules Env-Or 406.18 and Env-Or 406.20 (for UST Facilities) and N. H. Code of Administrative Rules Env Or 306.12. (for AST Facilities)

The Ne	w Hampshire Department of Environmental Services (NHDES) has developed this form	to docur `storage	nent the facility.
require	w Hampshire Department of Environmental Services (NHDES) has developed this formed annual testing of leak monitoring and/or overfill protection equipment at this UST or AST Name: Seven Lajebs Provisions UST UST AST DES Site No. / Facility No. 1996	101080	0113050
Pacility	Name: SEVEN LAKE PROVISIONS OST City: E. WAKEFIELD	Zip: 0	3830
Facility	Address: TA CC PASVIDEE SAID		
A. An	inual Leak Monitoring and/or Overfill Protection Test Results  the the following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N/A = Not Applicable  The following checklist using: Y = Yes, N = No, N =	me and n	nodel#·
1.	Leak monitor and/or overfill protection equipment. List all tested with manufacturer's natural compared and constant of the second protection of t	UMPS	(Odern :
	Tank #:		
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	4	_
3.	Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	
4.	Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	У	
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.	4	
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	4	
8	The leak monitor console audible alarm is confirmed operational and reset.	Y	
9.	The leak monitor console visuals alarms are operational and reset.	У	
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	WA	
11.	Overfill alarm sensors and shutoff devices, as applicable, were manually activated and verified to be at the proper operational setting. (Required Triennially for USTs, Annually for ASTs)	U/A	
12.	In summary, the leak monitor and/or overfill protection systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.		No
If you	operation per manufacturer's requirements. An sensor, the reverse side of this form how and when these items will be corrected.		
Iher	Certification eby certify that the equipment identified in this document was tested for proper operation in accordat Ifacturer's requirements.	nce with	
Name	(print): REBERT ST. GERMAIN Company Name: SEVEN LATES PE	LOJ1510A	US
Comp	pany Address / State / Zip: 1860 FROUNCE LAKE RD E. WAKEFIELD NH	03830	
Teste	r's Signature Roll St. German Phone No.: () 522 3514 Test [	Date 4/	13/15
1.	Record Keeping and Reporting Instructions  Keep a completed copy of this form for owner/operator records.  The owner/operator must submit a copy of the annual test report to NHDES within 30 days of testing to:  NH DEPARTMENT OF ENVIRONMENTAL SERVICES  OIL REMEDIATION AND COMPLIANCE BUREAU  PO BOX 95. CONCORD NH 03302-0095		

Phone #. (603) 271-3899

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