

**New Hampshire Department of Environmental Services**  
**29 Hazen Drive**  
**P. O. Box 95**  
**Concord, New Hampshire 03301 (603) 271-3899**  
**FAX (603) 271-2181**



September 2013

## Registration for Underground Storage Tank Systems

Type of Registration	State Use Only		
<b>Instructions:</b> Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. Also, provide a site plan and facility layout. (May be an accurate hand sketch).	ID Number: <u>0112688</u> Site Number: <u>199/12092</u> Date Received: <u>12/31/15</u>		
	<table border="1"> <tr> <td>Active Tanks: <u>4</u></td> <td>Closed Tanks <u>4</u></td> </tr> </table>	Active Tanks: <u>4</u>	Closed Tanks <u>4</u>
Active Tanks: <u>4</u>	Closed Tanks <u>4</u>		

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
<u>Kushal Kahlon</u> Owner Name <u>PO Box 476</u> Mailing Address <u>Chocoma</u> <u>NH</u> <u>03817</u> City State Zip Code <u>603-323-7314</u> <u>GKahlon11@gmail.com</u> Phone Number (include area code) E-mail	<u>G3 Fancy food &amp; GAS</u> Facility Name <u>9 White Mt. Hwy</u> Street Address (DO NOT USE POST OFFICE BOX) <u>Chocoma</u> <u>NH</u> <u>03817</u> City State Zip Code <u>USA</u> County

III. Land Owner	IV. Stored Product Owner
<u>Kushal Kahlon</u> Land Owner Name <u>PO Box 476</u> Mailing Address <u>Chocoma</u> <u>NH</u> <u>03817</u> City State Zip Code <u>603-323-7314</u> <u>GKahlon11@gmail.com</u> Phone Number (include area code) E-mail	<u>Kushal Kahlon</u> Stored Product Owner Name <u>PO Box 476</u> Mailing Address <u>Chocoma</u> <u>NH</u> <u>03817</u> City State Zip Code <u>603-323-7314</u> <u>GKahlon11@gmail.com</u> Phone Number (include area code) E-mail

V. Type of Owner	VI. Type of Facility
<input type="checkbox"/> Federal Gov't. <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<input checked="" type="checkbox"/> Gas Station <input type="checkbox"/> Utilities <input type="checkbox"/> Local Government <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Auto Dealership <input type="checkbox"/> State Government <input type="checkbox"/> Railroad <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Industrial <input type="checkbox"/> Air Taxi <input type="checkbox"/> Commercial <input type="checkbox"/> Federal - Military <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Federal - Non-Military

VII. Certification		
As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.		
Print Name and Title of Owner:	Signature:	Date Signed:
<u>Kushal Kahlon</u>	<u>[Signature]</u>	<u>12/31/15</u>

**VIII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)**

List Compartment Tank System No. as 1a, 1b; 2a, 2b etc	Tank System No.	Tank System No.	Tank System No.	Tank System No.
<b>1. Status of Tank System:</b>				
Currently in Use				
Date Temporary Closed (less than 1" of substance stored)	12/31/15	tank #6		
Date Permanently Closed (Removed or filled in place)				
Amended Information				
<b>2. Date of Installation:</b>				
<b>3. Compartment Tank:</b> List Each Tank's Compartment (gallons) in Separate Column.				
<b>4. Estimated Total Capacity (gallons):</b> (Identify tanks that are siphoned together)		2000 galls		
<b>5. Substance Stored:</b>				
2HO - # 2 Heating Oil      GAS - Gasoline 4HO - #4 Heating Oil      JET - Jet Fuel 6HO - #6 Heating Oil      KER - Kerosene DSL - Diesel               MOT - Motor Oil EMG - Emergency        OTH - Other Generator Fuel        Substance EMP - Empty              UNK - Unknown Substance HAZ - Hazardous        USE - Used / Waste Oil Substance		KER		
<b>6. Tank Material:</b>				
Single wall (SW) / Double wall (DW)	SW DW	SW DW	SW DW	SW DW
Cathodically Protected Steel				
Composite				
Fiberglass				
Steel				
Jacketed				
Concrete				
Lined				
Unknown				
Other, Please Specify				
<b>7. Piping Material:</b> Designate Primary (Prim) or Secondary (Sec) piping.				
Single wall (SW) / Double wall (DW)	SW DW	SW DW	SW DW	SW DW
Cathodically Protected Steel	Prim Sec	Prim Sec	Prim Sec	Prim Sec
Flexible	Prim Sec	Prim Sec	Prim Sec	Prim Sec
Fiberglass	Prim Sec	Prim Sec	Prim Sec	Prim Sec
Copper	Prim Sec	Prim Sec	Prim Sec	Prim Sec
Steel	Prim Sec	Prim Sec	Prim Sec	Prim Sec
PVC	Prim Sec	Prim Sec	Prim Sec	Prim Sec
HDPE	Prim Sec	Prim Sec	Prim Sec	Prim Sec

Other / Unknown, Please Specify	P <sub>1</sub> S <sub>1</sub>	P <sub>2</sub> S <sub>2</sub>	P <sub>3</sub> S <sub>3</sub>	P <sub>4</sub> S <sub>4</sub>
<b>8. Piping System:</b>	<b>Tank System No.</b>	<b>Tank System No.</b>	<b>Tank System No.</b>	<b>Tank System No.</b>
Suction (No Check Valve at Tank)				
Suction (Check Valve at Tank)				
Pressure				
Gravity				
Siphon				
Line Leak Detector (manufacturer)				
Date installed:				
<b>9. Spill Buckets Installed (Date):</b>				
Identify all Remote Fills				
<b>10. Primary Overfill Device (Date):</b>				
Ball Float				
Automatic Shut Off Valve				
Audible High Level Alarm				
Other				
<b>11. Inventory Monitoring is Being Done:</b>	Yes No	Yes No	Yes No	Yes No
<b>12. Release Detection:</b>				
Automatic Tank Gauge (date & manufacturer)				
Tank Interstitial Monitor (manufacturer)				
Piping Interstitial Monitor (manufacturer)				
Vapor Monitoring				
Groundwater Monitoring				
Line Tightness test				
Manual Tank Gauging				
Other				
<b>13. Corrosion Protection:</b> (Tank =T; Piping =P; Flex Conn or Fittings =F)				
Sacrificial Anodes	T P F	T P F	T P F	T P F
Impressed Current	T P F	T P F	T P F	T P F
Other	T P F	T P F	T P F	T P F
<b>14. Tightness Testing:</b>				
Tank (Date / Results)				
Piping (Date / Results)				
<b>15. System:</b>				
Has Tank been repaired?				
Has piping been repaired?				

**IX. Owners Financial Responsibility**

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules (Env-Or 404.11).

**Env-Or 404.11 Financial Responsibility.**

- (a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.  
 (b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.  
 (c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-E, or RSA 146-F.

**X. Person Responsible for Maintenance and Regulatory Compliance**

Kushtal Kahlon  
 Name

Po Box 476  
 Mailing Address

CHOCORUA  
 City

NH  
 State

03817  
 Zip Code

603 323-7314  
 Phone Number (include area code)

Extension

GKahlon11@gmail.com  
 E-mail address

**XI. Final Certification. (For installations requiring construction approval per Env-Or 407.01)**

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval. (Env-Or 404.03(l))

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

NH PE: \_\_\_\_\_ OR, ICC: \_\_\_\_\_  
 License Number Expiration Date Certification # for UST Installation/Retrofitting Expiration Date

**XII. Stage II / Stage III Vapor Recovery (Gasoline Systems Only)**

Annual Gasoline Throughput\* – All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

\* Throughput required for facilities with only Stage I equipment

Stage I

Stage II

Equipment

Coaxial	
Two Point	
Dry Break on Manifold	
Other	

Type Equipment \_\_\_\_\_

Total # of Dispensers \_\_\_\_\_

Total # of Nozzles \_\_\_\_\_

Total # of Gas Tanks \_\_\_\_\_

Date of Installation \_\_\_\_\_

Date of Installation \_\_\_\_\_

Installer \_\_\_\_\_

Installer \_\_\_\_\_