### **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)

	New Hampshire Department of Environmental Services (NHDES) has developed this for red annual testing of leak monitoring and/or overfill protection equipment at this UST or AS					
Facility	y Name: Shop Express UST ✓ AST DES Site No. / Facility No. 1998	0103	5 / 0	111173		
Facility Address: 297 Union Ave City: Laconia			Zip: 03246			
	nnual Leak Monitoring and/or Overfill Protection Test Results ete the following checklist using: $Y = Yes$ , $N = No$ , $N/A = Not Applicable$					
1.	Leak monitor and/or overfill protection equipment. List all tested with manufacturer's na	ame	and 1	model#:		
	Veeder Root TLS-350					
	Tank #:	5	6			
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Υ	Υ			
3.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	Υ	Υ			
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	Υ	Υ			
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A			
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.	Υ	Υ			
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Υ	Υ			
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Υ	Υ			
9.	The leak monitor console <u>visuals</u> alarms are operational and reset.	Υ	Υ			
10.	O. The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.					
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)	N/A	N/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.					
If your	answer is No, then describe on the reverse side of this form how and when these items will be corrected.					
*Com	aments:					
I herel	ertification by certify that the equipment identified in this document was tested for proper operation in accordance acturer's requirements.	ce wit	th			
Name (	(print): Kiawa Krzuik Company Name: Roy Petroleum, LLC					
_	ny Address / State / Zip: PO Box 738, Goffstown, NH 03045					
Tester'	s Signature: Phone No.: (413) 627-2577	ıte:	9/1	6/16		
C. Re	ecord Keeping and Reporting Instructions					

- 1. Keep a completed copy of this form for owner/operator records.
- 2. 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

Facility Name: Shop Express

Facility Address: 297 Union Ave

(603) 271-3899 Fax # (603) 271-2181



Zip: 03246

## ANNUAL LINE LEAK DETECTOR TEST FORM FOR AST and UST SYSTEMS

N. H. Code of Administrative Rules Env-Or 400 (UST Rules), 406.16, and Env-Wm 1402 or Env-Or 300 (AST Rules)

The New Hampshire Department of Environmental Services has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

1. Where required by rules, all pressurized piping shall be equipped with an automatic line leak detector, which shall restrict or stop the flow of the stored substance upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10

DES Facility # / Site #: 0111173 / 19981035

City: Laconia

pounds per square inch line pressure. operating according to manufacturer's division no later than 30 days after th	requirements.	The test res			
2. Line leak detector is required to be to	ested in-place. [	Do not remove	and test outsi	de the system.	
Test Information and Results	UST 🗸	AST	<b>Test Date:</b> 9/16/16		
Tank Number: (for split tanks use 1(a), (b))	Tank # 5	Tank # 6	Tank #	Tank #	Tank #
Test Location:	Dispenser	Dispenser			
Product Stored: (gas, diesel, etc.)	Gas- RUL	Gas- SUP			
Capacity: (gallons)	10,000	10,000			
LLD Manufacturer:	VMI	Red Jacket			
LLD Model Number:	99-LD-2000	FX2V			
Tested Leak Rate: (gallons per hour)	3.0	3.0			
Results:	Pass	Pass			
Complete following only if any of the ab	ove LLDs have	failed and rep	laced with NE	W LLDs.	
REPLACED LLD Manufacturer:					
LLD Model Number:					
Tested Leak Rate: (3 gallons per hour max.)					
Results:					
Comments:					
An automatic line leak detector failure s of 10 pounds per square inch line press immediately. The affected piping system leak detector is replaced.	ure within one h	nour. The failed	d line leak dete	ector shall be re	epaired or replaced
Verification – I hereby verify that the aut according to manufacturers' requiremen		detectors we	re tested to co	onfirm that they	are operating
Technician Name (print): Kiawa Krzcuik		_ Testing Com	npany Name::	Roy Petroleum	, LLC
Testing Co. Address / State / Zip PO Bo	ox 738, Goffstov	vn, NH 03045			
Signature: Whah	Phone No: 413-627-2577 Date of Test: 9/16/16			16/16	
					September 2013

#### Stage I

## **Yearly**



# Maintenance Inspections of Vapor Recovery System for AST/UST Gasoline Dispensing Facilities

The owner or operator of a gasoline storage tank at a gasoline dispensing facility or a bulk gasoline plant subject to Env-Or 504.01 shall perform a yearly maintenance inspection:

- 1. No later than September 30 of each calendar year, and
- 2. At least 10 months between each inspection.

Facility Name: Shop Express Insp. Date: 9/16/16											
AST/UST Facility ID Number: 0111173											
Name of person conducting inspection: Kiawa Krzcuik (Roy Petroleum)											
	T# 5	T# 6	T# 7	Γ#	Т#						
(1) Perform all items specified in Stage I Monthly Maintenance Inspection.	✓	<b>√</b>									
(2) Replace or permanently plug each drain valve located in each s bucket.	pill N/A	N/A	N/A								
(3) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	<b>✓</b>	<b>✓</b>									
(4) Measure the distance between the tank bottom and the submerg fill tube end to insure a clearance of no more than 6 inches. If necessary, modify the submerged fill tube.	ged	<b>✓</b>									

The owner or operator must document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.

Please contact the New Hampshire Department of Environmental Services at (603) 271-3899 with any questions.

Revised: June 2013