

New Hampshire Department of Environmental Services  
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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. <b>Also, provide a site plan and facility layout. (May be an accurate hand sketch).</b>	ID Number: <u>0112726</u> Site Number: <u>199607052</u> Date Received: <u>12 MAY 2017</u>  Active Tanks: <u>2</u> Closed Tanks: <u>2</u>

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
Owner Name: <u>Doug Colby</u> Mailing Address: <u>PO Box 199</u> City: <u>Danbury</u> State: <u>NH</u> Zip Code: <u>03230</u> Phone Number (include area code): <u>6037689988</u> E-mail: <u>Dicksvillagestore@gmail</u>	Facility Name: <u>Dicks Village Store</u> Street Address (DO NOT USE POST OFFICE BOX): <u>717 US Route 4</u> City: <u>Danbury</u> State: <u>NH</u> Zip Code: <u>03230</u> County: <u>merrimack</u>

III. Land Owner	IV. Stored Product Owner
Land Owner Name: <u>Douglas Colby Jr.</u> Mailing Address: <u>Po Box 199</u> City: <u>Danbury</u> State: <u>NH</u> Zip Code: <u>03230</u> Phone Number (include area code): <u>603 491 2119</u> E-mail:	Stored Product Owner Name: <u>Douglas Colby Jr.</u> Mailing Address: <u>Po Box 199</u> City: <u>Danbury</u> State: <u>NH</u> Zip Code: <u>03230</u> Phone Number (include area code): <u>603 491 2119</u> E-mail:

V. Type of Owner	VI. Type of Facility
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input checked="" type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<div style="border: 1px solid blue; padding: 5px; display: inline-block;">           RECEIVED            NHDES            MAY 12 2017            Oil Remediation &amp; Compliance Bureau         </div> <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)

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>Douglas Colby</u>	<u>[Signature]</u>	<u>4/20/17</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>				
<b>Currently in Use</b>	✓	✓		
<b>Date Temporary Closed</b> <i>(less than 1" of substance stored)</i>				
<b>Date Permanently Closed</b> <i>(Removed or filled in place)</i>				
<b>Amended Information</b>				
<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</b> (gallons): (Identify tanks that are siphoned together)				
<b>5. Substance Stored:</b>				
<div style="display: flex; justify-content: space-between;"> <div> <b>2HO</b> - # 2 Heating Oil  <b>4HO</b> - #4 Heating Oil  <b>6HO</b> - #6 Heating Oil  <b>DSL</b> - Diesel  <b>EMG</b> - Emergency Generator Fuel  <b>EMP</b> - Empty  <b>HAZ</b> - Hazardous Substance         </div> <div> <b>GAS</b> - Gasoline  <b>JET</b> - Jet Fuel  <b>KER</b> - Kerosene  <b>MOT</b> - Motor Oil  <b>OTH</b> - Other Substance  <b>UNK</b> - Unknown Substance  <b>USE</b> - Used / Waste Oil         </div> </div>	Gas	Gas		
<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		Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	
<b>8. Piping System:</b>		Tank System No. <input checked="" type="checkbox"/>		Tank System No. <input checked="" type="checkbox"/>		Tank System No.		Tank System No.		
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>		NO		NO						
Identify all Remote Fills										
<b>10. Primary Overfill Device (Date):</b>										
Ball Float		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
Automatic Shut Off Valve										
Audible High Level Alarm		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
Other										
<b>11. Inventory Monitoring is Being Done:</b>		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>								
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
Impressed Current		T	P	F	T	P	F	T	P	F
Other		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?		NO		NO						
Has piping been repaired?		NO		NO						



**IX. Owners Financial Responsibility**

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

☒ Y

☐ N
**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**

Name Douglas C Colby Sr

Mailing Address PO Box 199

City Dunbury State NH Zip Code 03230

Phone Number (include area code) 603 491 2119 Extension \_\_\_\_\_ E-mail address dcolby sr@yahoo.com

**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(i)]

Signature [Signature] Print Name Douglas Colby Date: 4/20/17

NH PE: \_\_\_\_\_ OR, ICC: \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification # for UST Installation/Retrofitting \_\_\_\_\_ Expiration Date \_\_\_\_\_

**XII. Stage I / Stage II 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 \_\_\_\_\_