

#3

Underground Storage Tank (UST) System Registration Oil Remediation and Compliance Bureau



RSA 146-C:3; Env-Or 404.

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

JUL 01 2019

Oil Remediation & Compliance Bureau

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.

Facility ID # 0112678

NHDES Site # 192905021

Also, provide a site plan and facility layout. (May be an accurate hand sketch).

Date Received:

Active Tanks: Closed Tanks:

If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.

Fitzwilliams LLC			Turkey Lumber		
Tank Owner Name			Facility Name		
305 Leominster shirley rd			179 RT 12		
Mailing Address			Street Address		
Lunenburg	MA	01462	Fitzwilliam	NH	03447
City	State	ZIP Code	City	State	ZIP Code
978 998 1370 Mike Atumleylumber.com cheshire					
Phone Number (include area code)			Email Address		
			County		

Fitzwilliams LLC			Mike Rossi OP of Operations		
Land Owner Name			Contact Name and Title		
305 Leominster shirley Rd			305 Leominster shirley Rd		
Mailing Address			Mailing Address		
Lunenburg	MA	01462	Lunenburg	MA	01462
City	State	ZIP Code	City	State	ZIP Code
978 998 1370			978 490 6691 Mike@turnkeylumber.com		
Phone Number (include area code)			Email Address		

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

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:

Michael Rossi OP of Operations

Signature:

[Signature]

Date Signed:

7-1-19

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 #	Tank System #	Tank System #	Tank System #
	4			
1. Status of Tank System:	Currently in Use			
Date Temporary Closed (less than 1" of substance stored)	8/15/15			

Date Permanently Closed (Removed or filled in place)									
Amended Information									
2. Date of Installation:									
3. Compartment Tank:									
List Each Tank's Compartment (gallons) in Separate Column.									
4. Estimated Total Capacity (gallons):									
Identify tanks that are siphoned together.									
5. Substance Stored:									
2110 - # 2 Heating Oil	GAS - Gasoline								
4110 - #4 Heating Oil	JET - Jet Fuel								
6110 - #6 Heating Oil	KER - Kerosene								
DSL - Diesel	MOT - Motor Oil								
EMG - Emergency Generator Fuel	OTH - Other Substance								
EMP - Empty	UNK - Unknown Substance								
HAZ - Hazardous Substance	USE - Used / Waste Oil								
6. Tank Material:		SW	DW	SW	DW	SW	DW	SW	DW
Single wall (SW) / Double wall (DW)									
Cathodically Protected Steel									
Composite									
Fiberglass									
Steel									
Jacketed									
Concrete									
Lined									
Unknown									
Other, Please Specify									
7. Piping Material: 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

8. Piping System:	Tank System #	Tank System #	Tank System #	Tank System #
Suction (No Check Valve at Tank)				
Suction (Check Valve at Tank)				
Pressure				
Gravity				
Siphon				
Line Leak Detector (manufacturer) Date installed:				
9. Spill Buckets Installed (Date): Identify all Remote Fills				
10. Primary Overfill Device (Date):				
Ball Float				
Automatic Shut Off Valve				
Audible High Level Alarm				
Other				
11. Inventory Monitoring is Being Done:	Yes	No	Yes	No
12. Release Detection:				
Automatic Tank Gauge (date & manufacturer)				
Tank Interstitial Monitor (manufacturer)				
Piping Interstitial Monitor (manufacturer)				
Vapor Monitoring				
Groundwater Monitoring				
Line Tightness test				
Manual Tank Gauging				
Other				
13. Corrosion Protection:				
(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
14. Tightness Testing:				
Tank (Date / Results)				
Piping (Date / Results)				
15. System:				
Has Tank been repaired?				
Has piping been repaired?				

IX. Owners Financial Responsibility

EnvOr 404.12 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 146D, RSA 146-E, or RSA 146-F.

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules:

YES

NO

X. 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.

Print Name_____
Signature_____
Date

NH PE: _____

License Number

Expiration Date

OR, ICC: _____

Certification # for UST Installation/Retrofitting

Expiration Date

XI. 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	_____	Type Equipment: _____ _____ _____ _____ _____	Total # of Dispensers _____ Total # of Nozzles _____ Total # of Gas Tanks _____
Two Point	_____		
Dry Break on Manifold	_____		
Other	_____		
Date of Installation:	_____	Date of Installation:	_____
Installer:	_____	Installer:	_____

NHDES email: oreb.wmd@des.nh.gov

Telephone: (603) 271-3899

Fax: (603) 271-2181

TDD Access: Relay NH (800) 735-2964

PO BOX 95, Concord, NH 03302-0095

2019-05-01
NHDES-S-04-016www.des.nh.gov

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Underground Storage Tank (UST) Facilities A/B Operator
Statement of Training Record



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Facility ID # _____ NHDES Site ID # _____

Facility Name: _____

Facility Location: _____

Facility Town/City: _____

Name of Approved Training Program: _____

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.

Class A Operator

Name: _____

Training Date: _____ Expiration Date: _____

Class A Operator Signature: _____ Date: _____

Class B Operator

Name: _____

Training Date: _____ Expiration Date: _____

Class B Operator Signature: _____ Date: _____

Owner

Name: _____

Owner Address: _____

Owner Signature: _____ Date: _____

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