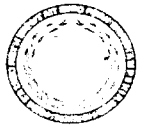




Underground Storage Tank (UST) System Registration

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.

Instructions:

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).

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

Facility ID # _____

NHDES Site # _____

Date Received: _____

Active Tanks: _____

Closed Tanks: _____

I. OWNERSHIP OF TANK(S)

Jeffrey Cuenas
Tank Owner Name
1260 Province Lake Rd
Mailing Address
East Wakefield NH 03830
City State ZIP Code
207-615-9131
Phone Number (include area code) Email Address

II. LOCATION OF TANK(S)

Seven Lakes Provisions
Facility Name
1260 Province Lake Rd
Street Address
East Wakefield NH 03830
City State ZIP Code
Carroll
County

III. LAND OWNER (If different than Tank Owner)

Land Owner Name

Mailing Address

City State ZIP Code

Phone Number (include area code) Email Address

IV. Person Responsible for Maintenance & Regulatory Compliance

Jeffrey Cuenas Owner
Contact Name and Title
1260 Province Lake Rd
Mailing Address
East Wakefield NH 03830
City State ZIP Code
207-615-9131 JCuenas SEK. O/ptina
Phone Number (include area code) Email Address i.com

V. Type of Owner

- ☐ Federal Gov't ☒ Commercial
☐ State Gov't ☐ Private
☐ Local Gov't

VI. Type of Facility

- ☒ Gas Station ☐ Air Taxi ☐ Industrial
☐ Local Government ☐ Federal - Military ☐ Utilities
☐ 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: Jeffrey Cuenas President

Signature: [Signature]

Date Signed: 11/16/20

NHDES email:

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964
PO BOX 95, Concord, NH 03302-0095