

**Triennial Overfill Prevention Device Testing Form  
For Underground Storage Tank Systems  
Waste Division/Oil Remediation and Compliance Bureau**



RSA/Rule: RSA 146-C, Env-Or 400

Facility Name: Seven Lakes Provisions UST Facility ID No.: 0113050

Facility Address: 1260 Province Lake Rd City: Wakefield Zip: 03830

UST System Owner Name: Jeffrey Cuevas Owners Daytime Phone Number: (207) 615-9131

Owner Address: 1260 Province Lake Rd., East Wakefield, NH

**A. Primary overfill Protection Test Results**

1. Type of overfill device, manufacturer's name and model number (List out all manufacturer's and models if different): OPW 7130 Flapper valves

Unless otherwise noted, complete the following checklist using: Y = Yes, N = No, N/A = Not Applicable

		Tank #	3A	3B		
2.	The overfill console, if equipped, is correctly programmed and labeled.		N/A	N/A		
3.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.		Y	Y		
4.	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.		10"	9 3/4"		
5.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		Y	Y		
6.	The audible alarm, if equipped, is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds)		N/A	N/A		
7.	The visual alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)		N/A	N/A		
8.	In summary, the overfill system is confirmed to be in proper operation per manufacturer's requirements, all devices are reset and alarms have been cleared. Enter "P" for Pass or "F" for Fail.		P	P		

If your answer is No for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Please be aware that any malfunctioning overfill device shall be repaired within 30 days. If the device cannot be repaired or replaced within 30 days the affected system(s) shall be prohibited from taking a delivery until satisfactory repairs are made.

**B. Certification**

I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Tester Name (print): Joshua Biskupiak Company Name: Portland Pump Company

Company Address / State / Zip: 11 Border Rd Scarborough, ME 04074

Tester's Signature: [Signature] Phone No.: (207) 883-4317 Test Date: 12-4-20

**C. Record Keeping and Reporting Instructions**

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

[orcb.wmd@des.nh.gov](mailto:orcb.wmd@des.nh.gov) (603) 271-3899

PO Box 95, Concord, NH 03302-0095

[www.des.nh.gov](http://www.des.nh.gov)

# 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)*

The New Hampshire Department of Environmental Services (NHDES) has developed this form to document the required annual testing of leak monitoring and/or overfill protection equipment at this UST or AST storage facility.

Facility Name: Seven Lakes Promissions UST ☒ AST ☐ DES Site No. / Facility No. 0113050

Facility Address: 1260 Province Lake Rd City: E. Wakefield Zip: 03830

## A. Annual Leak Monitoring and/or Overfill Protection Test Results

Complete 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 name and model#:  
Omtec LV4 (sumps), Omtec LV1 (tank)

		Tank #:	3A	3B		
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.		Y			
3.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.		Y			
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.		Y			
5.	Brine level of the tank interstitial space is within the manufacturers operating range.		NA			
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.		Y			
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.		Y			
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.		Y			
9.	The leak monitor console <u>visuals</u> alarms are operational and reset.		Y			
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.		NA			
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)		NA			
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.		(Yes) No			

If your answer is No, then describe on the reverse side of this form how and when these items will be corrected.

## B. Certification

I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Name (print): Joshua Biskupiale Company Name: Portland Pump

Company Address / State / Zip: 11 Border Rd, Scarborough ME 04074

Tester's Signature: [Signature] Phone No.: (207) 883-4317 Test Date: 12/4/20

## C. Record Keeping and Reporting Instructions

- Keep a completed copy of this form for owner/operator records.
- 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  
Phone # (603) 271-3899 Fax # (603) 271-2181

# APPENDIX C-1

## TANK SECONDARY CONTAINMENT INTEGRITY TESTING DRY TEST METHOD

Facility Name: <u>7 Lakes Provisions</u>	Owner: <u>Jeffrey Cuevas</u>
Address: <u>1260 Province Lake Rd</u>	Address: <u>1260 Province Lake Rd</u>
City, State, Zip Code: <u>E. Wakefield NH 03830</u>	City, State, Zip Code: <u>E. Wakefield NH 03830</u>
Facility I.D. #: <u>0113050</u>	Phone #: <u>207-615-9131</u>
Testing Company: <u>Portland Pump</u>	Phone #: <u>                    </u> Date: <u>12-4-20</u>

This data sheet is for testing the integrity of the dry secondary containment of a UST. See PEI/RP1200, Section 4.2 for the test procedure.

Tank Number	<u>3</u>					
Tank Material	<u>steel/composite</u>					
Product Stored	<u>reg/super</u>					
Tank Capacity*, gallons	<u>12 (4k+8k)</u>					
Test Start Time	<u>1:15 PM</u>					
Initial Vacuum Reading, inches Hg (See Table 4-1 below.)	<u>11"</u>					
Specified Test Duration (See Table 4-1 below.)	<input checked="" type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours
Test End Time	<u>2pm</u>					
Final Vacuum Reading, inches Hg	<u>10"</u>					
Is the Annular Space Dry After the Test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Results	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**TABLE 4-1.**

### Test Parameters

Tank Type	Vacuum, inches Hg	Capacity, gallons	Duration, hours
Fiberglass	10	< 20,000	1
		20,000+	2
Steel	6	< 20,000	1
		20,000+	2

\*Total tank capacity, including all compartments in a multi-compartment tank.

Comments: Tested 1st time and failed. Tested test equipment and ran vacuum for 2hrs. Second test still leaked at the same rate. Intestitial was dry so recomend an acoustics test to confirm results.

Tester's Name Josh Bischoff Tester's Signature [Signature]