



The **petroleum industry leader** for compliance and fuel management.

December 22, 2020

Attn: Emily Szmyt  
New Hampshire Department of Environmental Services  
29 Hazen Drive  
P.O. Box 95  
Concord, NH 03301

**RE: Amended Registration for Underground Storage Tank System**

Dear Ms. Szmyt:

ATC Eclipse is an environmental and compliance consulting firm retained by Global Montello Group Corp. to assist with their storage tank compliance program. In this role, I am writing to submit an amended underground storage tank registration form for the facility noted below. This registration form documents an ownership transfer and temporary closure of tanks.

1. Facility ID# 0110384, Site #198904015: Mr. Mikes Hillsborough, located at 22 Henniker Street in Hillsborough, NH

Thank you for your assistance. If you have any questions or need any further information, please feel free to contact me at 614-932-2163.

Sincerely,  
ATC Eclipse

A handwritten signature in black ink that reads 'Megan Kazmierczak'.

Megan Kazmierczak  
Manager of Eclipse Services

Enclosures

Cc: Facility compliance file  
Global Partners, LP

705-A Lakeview Plaza Blvd.  
Worthington, OH 43085  
O: 614-433-0170  
F: 614-433-0217



# 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)**Global Companies LLC

Tank Owner Name

P.O. Box 549290 | 800 South St Suite 500

Mailing Address

Waltham

City

MA

State

02454

ZIP Code

781-674-7780

Phone Number (include area code)

Email Address

**II. LOCATION OF TANK(S)**Mr. Mikes Hillsborough

Facility Name

22 Henniker Str

Street Address

Hillsborough

City

NH

State

03244

ZIP Code

Rockingham

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**Richard Browne, Environmental Manager

Contact Name and Title

88 Leroy Road

Mailing Address

Williston

City

VT

State

05495

ZIP Code

802-274-9521

Phone Number (include area code)

Email Address

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

Megan Kazmierczak

Signature:

Megan Kazmierczak

Date Signed:

12/21/2020NHDES email: [orcb.wmd@des.nh.gov](mailto:orcb.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

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



## 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 # 7	Tank System # 8	Tank System # 9	Tank System #
<b>1. Status of Tank System:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Currently in Use</b>				
<b>Date Temporary Closed</b> (less than 1" of substance stored)	9/19/2016	12/21/2020	12/21/2020	
<b>Date Permanently Closed</b> (Removed or filled in place)				
<b>Amended Information</b>				
<b>2. Date of Installation:</b>	10/1/1998	10/1/1998	10/1/1998	
<b>3. Compartment Tank:</b> List Each Tank's Compartment (gallons) in Separate Column.				
<b>4. Estimated Total Capacity (gallons):</b> Identify tanks that are siphoned together.	6000	6000	8000	
<b>5. Substance Stored:</b>				
2HO - # 2 Heating Oil				
4HO - #4 Heating Oil				
6HO - #6 Heating Oil				
DSL - Diesel				
EMG - Emergency Generator Fuel				
EMP - Empty				
HAZ - Hazardous Substance				
GAS - Gasoline				
JET - Jet Fuel				
KER - Kerosene				
MOT - Motor Oil				
OTH - Other Substance				
UNK - Unknown Substance				
USE - Used / Waste Oil				
<b>6. Tank Material:</b>	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Single wall (SW) / Double wall (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.	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Single wall (SW) / Double wall (DW)				
Cathodically Protected Steel	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
Flexible	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
Fiberglass	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
Copper	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
Steel	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
PVC	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
HDPE	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
Other / Unknown, Please Specify	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec

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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:	<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
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	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
Impressed Current	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
Other	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
14. Tightness Testing:				
Tank (Date / Results)				
Piping (Date / Results)				
15. System:				
Has Tank been repaired?				
Has piping been repaired?				



(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.

***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.

NH PE: \_\_\_\_\_ OR, ICC: \_\_\_\_\_  
 License Number      Expiration Date      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)

<i>Year</i>	<i>Total Throughput (gal)</i>

\* Throughput required for facilities with only Stage I equipment

### Stage I

Coaxial

Two Point \_\_\_\_\_

### Dry Break on Manifold

Other \_\_\_\_\_

Date of Installation:

**Installer:**

## Stage II

**Type Equipment:**

Date of Installation:

*Installer:*

### Equipment

Total # of Dispensers

Total # of Nozzles \_\_\_\_\_

Total # of Gas Tanks \_\_\_\_\_



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



RSA 146-C:17 – C:21

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Facility ID # 0110384 NHDES Site ID # 198904015

Facility Name: Mr. Mikes Hillsborough

Facility Location: 22 Henniker Street

Facility Town/City: Hillsborough

Name of Approved Training Program: NHDES UST Class A and B Operator Training

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: Richard Browne

Training Date: 7/24/2019 Expiration Date: 7/24/2021

Class A Operator Signature: [Signature] Date: 12/22/20

## Class B Operator

Name: Richard Browne

Training Date: 7/24/2019 Expiration Date: 7/24/2021

Class B Operator Signature: [Signature] Date: 12/22/20

## Owner

Name: Global Companies LLC

Owner Address: P.O. Box 549290 | 800 South St Suite 500, Waltham, MA 02454

Owner Signature: [Signature] Date: 12/22/20

NHDES email: [orcb.wmd@des.nh.gov](mailto:orcb.wmd@des.nh.gov)

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