



Triennial Spill Containment Integrity Test Form For Underground Storage Tank Systems Waste Division/Oil Remediation and Compliance Bureau



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

Facility Name: Lake Fordman UST Site & Facility ID No.: 200507041 / 0115700Facility Address: 425 LAKE AVE City: Manchester Zip: 03103

UST System Owner Name: _____ Owner's Daytime Phone Number: () _____

Owner Address: _____

A. Spill Containment Integrity Test Results

1. Containment model number and manufacturer's name (List out all manufacturers and models if different):

2. Test Method: Hydrostatic

	Tank #	1	2A	2B	
3.	Specify if fill or vapor recovery containment. (F or VR)	Fill	Fill	Fill	
4.	The primary and secondary containment, if applicable, is free of debris, water and regulated substance. (Y or N)	Yes	Yes	Yes	
5.	Start time of test.	11:27	11:27	11:27	
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch)(vacuum: inches water column or hg)	11"	10.50"	9"	
7.	End time of test.	12:27	12:27	12:27	
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch)(vacuum: inches water column or hg)	11"	10.50"	9"	
9.	In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements. Enter "P" for Pass or "F" for Fail	Pass	Pass	Pass	

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 no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.

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): Mike Gold Company Name: Petroleum Equipment ServiceCompany Address / State / Zip: 440 Harvey Road, Manchester, NH 03103Tester's Signature: Mike Gold Phone No.: (603) 935-9330 Test Date: 12-15-20**C. Record Keeping and Reporting Instructions**

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

(603) 271-3899

PO Box 95, Concord, NH 03302-0095