



# 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: Lake Foodmart UST 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. 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 DAN float valves

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

		Tank #	1	2A	2B
2.	The overfill console, if equipped, is correctly programmed and labeled.		N/A	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.		N	Y	Y
4.	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form. <u>unable to remove from tank due</u>		N	21	21.50
5.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		N	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	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	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.		F	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): 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