

NEXTEST

872 Smithfield Ave. Suite 202, Lincoln, RI 02865
Ph. (401) 723-0247 Fax (401) 723-0248



Stage I Vapor Recovery Test

Somersworth One Stop II

Name of Gas Station

20002019

09/16/20

Date of Test

55 Route 108

Street Address

Somersworth

City

NH

State

03878

Zip Code

Mike Lowry

Stage I Responsible Official

603-474-0510

Phone Number

Were all tests observed by a state witness?

YES

Are all the test results attached to this form?

YES

Test Conclusions

Pressure Decay Test (Leak Test)

PASS

Vapor Tie Test

PASS

P/V Vent Cap Test

PASS

Static Torque Rotatable Adapter Test

N/A

Drop Tube/ Drain Valve Test

N/A

Drop Tube/Overfill Prevention Test

N/A

The undersigned certifies that he/she is an authorized agent of the owner of the Stage I Vapor Recovery System or a duly authorized representative of such agent. "I have personally examined and am familiar with the information submitted in this document and all attachments and certify that based on a reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief, and I understand that any false statement made in this document or its attachments may be punishable as a criminal offense."



Sign Name

Bryan Cournoyer

Print Name

TC-034

Certificate Number

NEXTEST

Company Name

872 Smithfield Ave. Suite 202

Mailing Address

Lincoln, RI

City and State

02865

Zip Code

SUMMARY OF PRESSURE DECAY TEST RESULTS

RECEIVED
NHDES
OCT 12 2020
Oil Remediation &
Compliance Bureau

Test Site Name & Address:

Somersworth One Stop II
55 Route 108
Somersworth, NH 03878

Testing Firm's Name & Address:

NEXTEST
872 Smithfield Ave. Suite 202
Lincoln, RI 02865

Stage I System

Test Date: 09/16/20

Test Time: 12:15

Coaxial

Two Point X

Comments:

Tanks Manifolder YES

Vapor Tie Test PASS

Total # of Nozzles 4

Test Results

Tank #	1	2	3	4
Product Grade:	Regular	Super		
Actual Tank Capacity (gallons)	11,000	4,000		
Gasoline Volume (gallons)	5,747	1,007		
Ullage (gallons) T= 7,906	5,075	2,831		
Initial Pressure (inches H ₂ O)	10.00			
Pressure after 1 min., in. H ₂ O	110.00			
Pressure after 2 min., in. H ₂ O	9.99			
Pressure after 3 min., in. H ₂ O	9.99			
Pressure after 4 min., in. H ₂ O	9.98			
Pressure after 5 min., in. H ₂ O	9.98			
Allowable Final Pressure, in. H ₂ O	9.52			

Results: **PASS**

Test Conducted By: **Bryan Cournoyer**

Date: **9/16/2020**

SUMMARY OF PRESSURE / VACUUM P/V VENT CAP TEST RESULTS

Test Site Name & Address:

Testing Firm's Name & Address:

Somersworth One Stop II

NEXTEST

55 Route 108

872 Smithfield Ave. Suite 202

Somersworth, NH 03878

Lincoln, RI 02865

Test Date: 09/16/20

P/V Valve Manufacturer:	OPW	Model Number:	623V	PASS
Manufacturers Specified Positive Leak Rate (CFH)	0.05	Manufacturers Specified Negative Leak Rate (CFH)	-0.21	
Measured Positive Leak Rate (CFH)	0.04	Measured Negative Leak Rate (CFH)	-0.15	
Positive Cracking Pressure (IN. H2O)	2.65	Negative Cracking Pressure (IN. H2O)	-6.46	

P/V Valve Manufacturer:	HUSKY	Model Number:	5885	P/F
Manufacturers Specified Positive Leak Rate (CFH)	0.05	Manufacturers Specified Negative Leak Rate (CFH)	-0.21	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)		
Positive Cracking Pressure (IN. H2O)		Negative Cracking Pressure (IN. H2O)		

P/V Valve Manufacturer:		Model Number:		P/F
Manufacturers Specified Positive Leak Rate (CFH)	0.05	Manufacturers Specified Negative Leak Rate (CFH)	-0.21	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)		
Positive Cracking Pressure (IN. H2O)		Negative Cracking Pressure (IN. H2O)		

P/V Valve Manufacturer:		Model Number:		P/F
Manufacturers Specified Positive Leak Rate (CFH)	0.05	Manufacturers Specified Negative Leak Rate (CFH)	-0.21	
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)		
Positive Cracking Pressure (IN. H2O)		Negative Cracking Pressure (IN. H2O)		

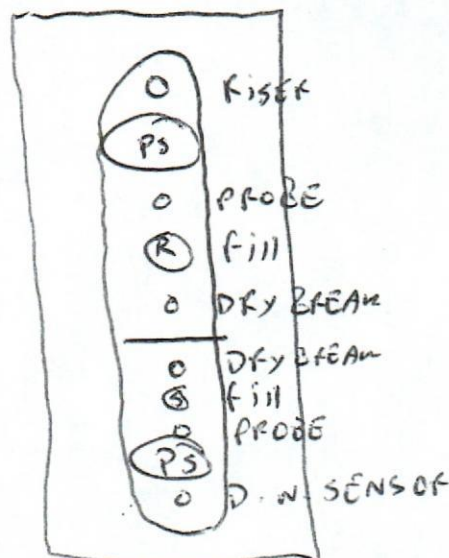
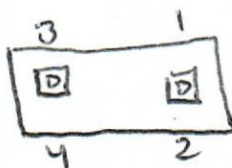
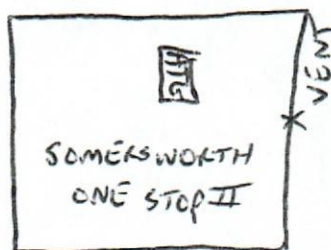
Results: **PASS**

Test Conducted By: **Bryan Cournoyer**

Date: **09/16/20**

Illustrate the Following:

- ● – Fill Ports – Label Product
- ○ – Dry Breaks – Label Tank Size
- X – Vents
- □ – Pumps
- Dispensers – Label Fuel Port #s
- Tank Location
- Building – Label Facility Name
- Label Road



- 4.5 Gallon Roots Meter Test = $1.662 \times \text{Roots Meter Reading} / \text{GPM} = 270 / \text{Time (seconds)}$
- $\text{GPM} = \text{Gallons Dispensed} \times 60 / \text{Time (Seconds)}$

[illegible]

Roots Meter ID#: _____

Most Recent Calibration Date: ____/____/____

Hastech Meter ID#: _____

Most Recent Calibration Date: ____/____/____

Vacu Smart Meter ID#: _____

Most Recent Calibration Date: ____/____/____

☐ Passed A/L Test ☐ Failed A/L -- Reason(s):