



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



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
OIL REMEDIATION AND COMPLIANCE BUREAU

PO BOX 95 CONCORD NH 03302-0095

Phone # (603) 271-3899 Fax # (603) 271-2181

NHDES Administrative rules 146-C:17 - 21

Facility ID # 0185700 NHDES Site ID # \_\_\_\_\_

Facility Name: Lake Food mart

Facility Location: 425 Lake Av

Facility Town/City: Manchester

Name of Approved Training Program: \_\_\_\_\_

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

## Class A Operator

Name George Gekis

Training Date 6/26/2019

Expiration Date 6/26/2021

Class A operator Signature [Signature] Date 7/4/19

## Class B Operator

Name George Gekis

Training Date 6/26/2019

Expiration Date 6/26/2021

Class B operator Signature [Signature] Date \_\_\_\_\_

## Owner

Name Satishkumar Patel

Owner Address 35 Kelley Circle

Owner City and State Lowell MA 01854

Owner Signature Satish Patel Date \_\_\_\_\_

**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.