

Facility Information
NHDES Site # 200012019

Facility Name: SOMERSWORTH ONE STOP II
Physical Address of Facility: 55 ROUTE 108

Annual Line Leak Detector Test Form for AST and UST Systems

m PECEIVED NHDES OCT 1 2 2020

Compliance Bureau

Town/City: SOMERSWORTH



Oil Remediation and Compliance Bureau Oil Remediation &

AST: RSA 146-A, Env-Or 306.12; UST: RSA 146-C, Env-Or 406.07, 406.09

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.

NHDES has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

Facility ID # 0111910

THE OWNER SHALL SEND THE LLD TEST REPORT TO THE DEPARTMENT NO LATER THAN 30 DAYS AFTER THE DATE OF THE TEST.

| Owner Information | | | | | | | | | | |
|---|------------------------------|------------|-------------------|-----------|-----------|-------------------------------|------------|----------|---------|-------|
| Name: SEABROOK ONE STOP INC. | | 110 | | | | | | | | |
| Mailing Address: 720 LAFAYETTE RD. SEA | BROOK, NH | 03874 | | | | | | | | |
| Daytime Phone: (603) 474-0510 | | | Email (Optional): | | | | | | | |
| As required by rules, all pressurized stop the flow of the stored substance square inch line pressure. Automatic according to manufacturer's require | e upon dete c line leak o | ecting a | leak at a | rate of 3 | gallons p | er hour a | at a press | ure of 1 | 0 pound | s per |
| 2. Line leak detector is required to be to | sted in-plac | ce. Do no | ot remov | e and tes | t outside | the syste | em. | | | |
| Testing Information and Results: | AST 🗌 | | UST 🗵 | UST 🖂 | | Testing Date: <u>09/16/20</u> | | | | |
| Tank # (for split tanks use 1(a), 1(b)) | Tank #5A | | Tank #5B | | Tank # | | Tank # | | Tank # | |
| Test Location: | CRASH VALVE | | CRASH VALVE | | | | | | | |
| Product Stored: (gas, diesel, etc.) | REGULAR | | SUPER | | | | | | | |
| Capacity: (gallons) | 11000 | | 4000 | | | | | | | |
| LD Manufacturer: | FE PETRO | | FE PETRO | | | | | | | |
| LD Model Number: | STP-MLD | | STP-MLD | | | | | | | |
| ested Leak Rate: (gallons per hour) | 3.0 | | 3.0 | | | | | | | |
| Results: | Pass | ☐ Fail | Pass | ☐ Fail | Pass | ☐ Fail | Pass | ☐ Fail | ☐ Pass | ☐ Fai |
| omplete the following only if any of the abo | ve LLDs have | e failed a | nd replac | ed with N | NEW LLDs. | | | | | |
| EPLACED LLD Manufacturer: | | | | | | | | | | |
| LD Model Number: | | | | | | | | | | |
| ested Leak Rate: (3 gallons per hour max) | | | | | | | | | | |
| Results: | Pass | ☐ Fail | Pass | ☐ Fail | Pass | ☐ Fail | Pass | ☐ Fail | Pass | ☐ Fai |

NHDES email: 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

per square inch line pressure within one hour. The failed line leak detector shall be repaired or replaced immediately. The affected

piping system(s) shall be taken out of service until satisfactory repairs are made or the line leak detector is replaced.

| Verification – I hereby verify that the automatic line manufacturers' requirements. (All fields completed) | leak detectors were tested to confirm that they are operating according to |
|---|--|
| Testing Company Name: <u>NEXTEST</u> | Testing Company Phone #: 401-723-0247 |
| Testing Company Address: 872 SMITHFIELD AVE. SU | JITE 202 LINCOLN, RI 02865 |
| Technician Name (Print): BRYAN COURNOYER | Technician Signature: |
| Certification #: | Expiration Date: |