



Annual Leak Monitoring Equipment Testing Form

for Underground Storage Tank Systems

Oil Remediation and Compliance Bureau



RSA 146-C; Env-Or 406.07, 406.13, 406.18

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.

THE OWNER SHALL SUBMIT A COPY OF THE ANNUAL TEST REPORT TO NHDES WITHIN 30 DAYS AFTER TESTING.

Keep a completed copy of this for owner/operator records.

1A. Facility Information	
NHDES Site # 2000120019	Facility ID # 0111910
Facility Name: SOMERSWORTH ONE STOP II	
Physical Address of Facility: 55 ROUTE 108	Town/City: SOMERSWORTH

1B. Owner Information	
Name: SEABROOK ONE STOP INC.	
Mailing Address: 720 LAFAYETTE RD. SEABROOK, NH 03874	
Daytime Phone: (603)474 - 0510	Email (Optional):

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: INCON TS-1001

Test Date: 09/16/20

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

Y = Yes, N = No, N/A = Not Applicable

TANK/DAY TANK #:

	5A	5B		
3. Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y		
4. Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	Y		
4. Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y		
5. Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A		
6. All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.	Y	Y		
7. All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y		
8. The leak monitor console audible alarm is confirmed operational and reset.	Y	Y		
9. The leak monitor console visual alarms are operational and reset.	Y	Y		
10. The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A	N/A		
11. All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	N/A	N/A		
12. In summary, the leak monitor equipment systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

If you answered **No** to any of the above, then describe on the reverse side of this form how and when these items will be corrected.

NHDES email: orcb.wmd@des.nh.gov

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

P O BOX 95, Concord, NH 03302-0095

www.des.nh.gov

Certification – I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Testing Company Name: NEXTEST Testing Company Phone # 401-723-0247

Testing Company Address: 872 SMITHFIELD AVE. SUITE 202

Technician Name (Print): BRYAN COURNOYER Technician Signature: 

Certification # _____ Expiration Date: _____

Description of how and when any "No" items will be corrected: