

# Annual Leak Monitoring Test Form For Underground or Aboveground Storage Tank Systems

N. H. Code of Administrative Rules Env-Or 406.18 and Env-Or 406.20 (for UST Facilities) and  
N. H. Code of Administrative Rules Env-Or 306.12, (for AST Facilities)

The New Hampshire Department of Environmental Services (NHDES) has developed this form to document the required annual testing of leak monitoring equipment at this UST or AST storage facility.

Facility Name: Seven Lakes Provisions UST ☒ AST ☐ DES Site No. / Facility No. 199608010 / 0113050

Facility Address: 1260 Province Lake Road City: East Wakefield Zip: 03830

## A. Annual Leak Monitoring Test Results

Complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

1. <u>Leak Monitoring Equipment. List all tested with manufacturer's name and model#:</u>	
OMNTEC ELP 21-LU6	

		Tank #:	3A	3B			
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.		Y	Y			
3.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.		Y	Y			
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.		Y	Y			
5.	Brine level of the tank interstitial space is within the manufacturers operating range.		N/A	N/A			
6.	All secondary containment 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 <u>audible</u> alarm is confirmed operational and reset.		Y	Y			
9.	The leak monitor console <u>visuals</u> 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.	In summary, the leak monitor system is confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.		Yes				

If your answer is **No**, then describe below how and when these items will be corrected.

**\*Comments:**

## B. Certification

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

Name (print): Kiawa Krzcuik Company Name: Roy Petroleum, LLC

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature:  Phone No.: ( 413 ) 627-2577 Test Date: 1/26/21

## C. Record Keeping and Reporting Instructions

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of the annual test report to NHDES within 30 days of testing to:

NH DEPARTMENT OF ENVIRONMENTAL SERVICES  
OIL REMEDIATION AND COMPLIANCE BUREAU  
PO BOX 95, CONCORD NH 03302-0095

Phone # (603) 271-3899

Fax # (603) 271-2181

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