

**CERTIFICATE OF STORAGE TANK SYSTEM TESTING**

Crompco, LLC
1815 Gallagher Road
Plymouth Meeting, PA 19462

Phone: (610) 278-7203
Fax: (610) 278-7621

Work Order #679694		Client Information		Location #NH0018	
Date: Wed Mar 10th, 2021 Reason: Compliance		Cross America Partners, LP(Jeremy Holland) Invoice # Permit# P.O.#		Cross America Partners, LP BP Service Station 4 Amherst Street Milford, NH 03055 County: Hillsborough State ID: 0113095	
Testing was conducted in accordance with all applicable portions of Federal, NFPA, and local regulations.					
Vapor Recovery (Stage I / II)					
Test			Result		
P/V Vent Valve Test			Pass		
Overfill					
Equip #	Grade	Test	Result		
10	Regular	Overfill Verification	Pass		
8	Diesel	Overfill Verification	Pass		
Cathodic Protection: Tanks					
Equip #	Grade	Test	Result		
8	Diesel	CP: Tanks	Pass		
Monitor					
Test			Result		
Monitor Inspection			Pass		
Miscellaneous Inspections					
Test			Result		
CP: Continuity (Fixed Reference Cell)			Completed		
New Hampshire Yearly Inspection			Completed		

Felix Nguessan
NACE Cathodic Protection Technician# 17393
API Worksafe Safety Key# WS-28611
Veeder Root Certification# B48646
OPW Site Sentinel iSite & Integra 100 Tech# 0159846
NACE Cathodic Protection Technician# 17393

Cheyenne Graves
API Worksafe Safety Key# WS-b5a8834a
OPW Stage I EVR Executive Order VR-102 Attestation# 0179481

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4 Amherst Street
 Milford, NH 03055
State ID: 0113095

Facility/Agency Copy
 Site #NH0018 / WO #679694
 Wed Mar 10th, 2021

Pressure/Vacuum (P/V) Vent Valve Data Sheet

Facility Name: BP Service Station

Test Date: 2021-03-10

Address: 4 Amherst Street

Test Company: Crompco

City: Milford

Tester Name: Felix Nguessan

☐ Fail ☐ Incomplete ☐ Inconclusive ☒ Pass ☐ Unknown

Equipment Used: Triangle

☐ Fail ☐ Incomplete ☐ Inconclusive ☒ Pass ☐ Unknown

P/V Valve Manufacturer:

OPW

Model Number:

623V

Valve Number

001

Grade

Regular

Manufacturers Specified

+.05

Manufacturers Specified

-.21

Positive Leak Rate

Negative Leak rate

Measured Positive Leak Rate (CFH)

0.030

Measured Negative Leak Rate (CFH)

-0.080

Positive Cracking Pressure (in. H2O)

2.58

Negative Cracking Pressure (in. H2O)

-6.85

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Update

Overfill Verification Test

Result: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		Equip #: 10	Grade: Regular
Type: Audible External High-Level Alarm		Make Veeder Root	Model HLA
Tank Volume (gallons): 9683		Tank Diameter (inches): 92	Tank Material: Fiberglass
Comments:		Compartment Tank: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Compartment Tank Type: <input type="checkbox"/> Base (Larger) <input type="checkbox"/> End
What is the length of the overfill device (inches)? 81	Is the overfill device / sensor positioned in accordance with the activation height requirements of Env-Or 405.06(c) and the manufacturers requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was the overfill device / sensor visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturers requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the audible alarm operational and able to be heard by the delivery person (must be audible for no less than 10 seconds) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the visual alarm operational and able to be seen by the delivery person (must remain on until manually reset) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the overfill console correctly programmed and labeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Overfill Verification Test

Result: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		Equip #: 8		Grade: Diesel	
Type: Audible External High-Level Alarm		Make Veeder Root		Model HLA	
Tank Volume (gallons): 6012		Tank Diameter (inches): 91		Tank Material: Steel	
Comments:		Compartment Tank: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Compartment Tank Type: <input type="checkbox"/> Base (Larger) <input type="checkbox"/> End	
What is the length of the overfill device (inches)? 78		Is the overfill device / sensor positioned in accordance with the activation height requirements of Env-Or 405.06(c) and the manufacturers requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was the overfill device / sensor visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturers requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the audible alarm operational and able to be heard by the delivery person (must be audible for no less than 10 seconds) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the visual alarm operational and able to be seen by the delivery person (must remain on until manually reset) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the overfill console correctly programmed and labeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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Update

Cathodic Protection: Tanks					
Tank #					8
Grade:					Diesel
Material:					Steel
Capacity:					6012
Cathode Type:					Sacrificial
Comments / Failure Notes:					
Result:					P

Half Cell Location	Half Cell Location Description	Energized On (local)	Instant Off (local)	Native (local)	Native (remote)
End of tank	INTERSTITIAL END	-1284 mv	mv	mv	mv
Test Hole Center	MIDDLE OF TANK	-1267 mv	mv	mv	mv
End of tank	FILL END	-1262 mv	mv	mv	mv

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MONITORING SYSTEM CERTIFICATION

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST or AST systems within 30 days of test date.

A. General Information

Facility Name: BP Service Station Bldg. No.: NH0018

Site Address: 4 Amherst Street

City: Milford

Zip: 03055

Make/Model of Monitoring System: Veeder Root TLS-350

Date of Testing/Servicing: 2021-03-10

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced.

Tank ID: 8 (Diesel) Diameter: 92 <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other:	Tank ID: 10 (Regular) Diameter: 92 <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: Hydrostatic (Brine) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: FX1V <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other: <p style="text-align: center;">Mechanical / Electronic Leak Detector</p> Can device detect 3 gallons per hour at 10 pounds per square inch within 1 hour by simulating a leak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the simulated leak cause an alarm (electronic only)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Are there dispensers present?☒ Yes ☐ No

Dispenser ID: 1/2 (Regular) <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Dispenser ID: 3/4 (Diesel) <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: 794380-208 <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
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C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers. guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):
☐ System set-up ☒ Alarm history report

Technician Name (print):

Felix Nguessan
 Certification No.:Veeder Root Certification# B48646
 Testing Company Name: Crompco Corporation Phone No.: 610-278-7203
 Site Address: 1815 Gallagher Road, Plymouth Meeting, PA 19462
 Date of Testing/Servicing: Wed Mar 10th, 2021

Signature:



D. Results of Testing/Servicing

Software Version Installed: 346129-100-B

Complete the following checklist:

Yes	Is the audible alarm operational?
Yes	Is the visual alarm operational?
Yes	Were all sensors visually inspected, functionally tested, and confirmed operational?
Yes	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
No	If pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No; <input checked="" type="checkbox"/> N/A.
Yes	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger?90% If NA, then what is the Primary Method of Overfill: <input type="checkbox"/> Ball Floats <input type="checkbox"/> Overfill Drop Tubes <input type="checkbox"/> Other:
No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water If yes, describe causes in Section E, below.
Yes	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable.
Yes	Is all monitoring equipment operational per manufacturer's specifications?

E. Comments

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

N/A	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	Were all tank gauging probes visually inspected for damage and residue buildup?

Yes	Was accuracy of system product level readings tested?
Yes	Was accuracy of system water level readings tested?
Yes	Were all probes reinstalled properly?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.
N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
Yes	Was the testing apparatus properly calibrated?
N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Did overall monitor system testing pass?

Pass

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CP Test: Continuity		
CP System On/Off: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	Junction Box with Annode Shunts (ICCP Only) <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	CP Type: <input type="checkbox"/> Impressed <input checked="" type="checkbox"/> Sacrificial
Results: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Comments:	
Fixed Reference Cell Location: Grass / Soil - North	Is there a Lead Wire Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the lead wire continuous with the tank bottom? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Structure Tested	Grade	Instant Off
Extractor Riser INTER. NEND	Diesel	-720 mv
ATG Riser	Diesel	-735 mv
Test Lead	Diesel	-1272 mv
Fill Riser	Diesel	-725 mv

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Stage I & II **Yearly** **Maintenance Inspections**



Env-Wm 1404 requires owners or operators of a gasoline storage tank at a gasoline dispensing facility or bulk gasoline plant to perform monthly maintenance inspections.

- (1) No later than September 30 of each calendar year; and
- (2) At least 10 months between each inspection

Check when completed

Facility Name: BP Service Station

Insp. Date: 2021-03-10

UST Facility ID Number: 0113095

Name of person conducting inspection: Felix Nguessan

	<i>Tk1</i>	<i>Tk2</i>	<i>Tk3</i>	<i>Tk4</i>	<i>Tk5</i>
(1) Perform all items specified in Stage II Monthly Maintenance Inspection.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) With the exception of swivel adaptors, remove all adaptors from their riser pipes, apply gasoline resistant thread sealant to cleaned threads, thread the adaptors back onto the riser pipe, and tighten in accordance with the manufacturer's recommendations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Replace or permanently plug each drain valve located in each spill bucket.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Measure the distance between the tank bottom and the submerged fill tube end to insure a clearance of 6 inches (no more than 12 inches), than 12 inches), and if necessary, modify the submerged fill tube.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The owner or operator shall document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.


Nov 2004

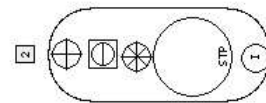
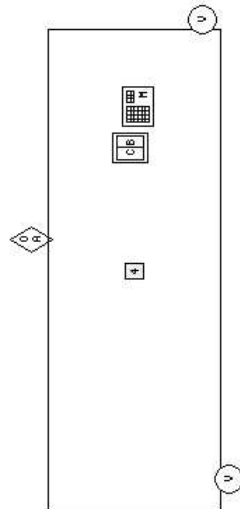
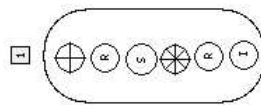
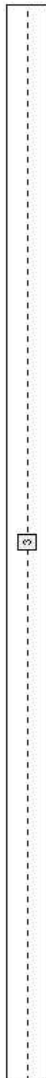
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 <p>CROMPCO</p>	<p>Date: 2021-03-10</p> <p>Work Order #: 679694</p> <p>Location #: NH0018</p>		<input checked="" type="checkbox"/> Remote Fill <input type="checkbox"/> Dry Brake	<input checked="" type="checkbox"/> ATG <input type="checkbox"/> Emergency Stop <input type="checkbox"/> Riser <input type="checkbox"/> Anode <input type="checkbox"/> Extractor	<input type="checkbox"/> Road <input type="checkbox"/> Block <input type="checkbox"/> Fill <input checked="" type="checkbox"/> STP <input type="checkbox"/> CP Junction Box	<input checked="" type="checkbox"/> Fixed Reference Cell <input type="checkbox"/> Stage 1 w/ Extractor <input type="checkbox"/> CP Test Station <input type="checkbox"/> Flapper Direction <input type="checkbox"/> Tank	<input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Interstitial <input type="checkbox"/> Temp Well Installed <input type="checkbox"/> Compass <input type="checkbox"/> Manway	<input type="checkbox"/> Vent <input type="checkbox"/> Containment Sump <input type="checkbox"/> Monitor <input type="checkbox"/> Well <input checked="" type="checkbox"/> DW Fill	<input type="checkbox"/> Overfill Alarm <input type="checkbox"/> Dispenser <input type="checkbox"/> Rectifier <input type="checkbox"/> Drop Tank <input type="checkbox"/> Remote Dry Brake
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Site Diagram Labels

- 1: Tank - T-3 Diesel 6K
- 2: Tank - T-1 Regular 10K
- 3: Road - Amherst St.
- 4: Block - Garage
- 5: Dispenser - 1/2 REGULAR
- 6: Dispenser - 3/4 Diesel

**TEST RESULTS**

April 09th, 2021

Department of Environmental Services
UST Program
6 Hazen Drive
P.O. Box 95
Concord, NH 03302-0095

Test Results - UST Testing

Dear Sir / Madam:

Enclosed are copies of the test results performed by Crompco at the location listed below. On behalf of our customer, these results are being submitted to you in accordance with local regulations. Copies of the test results were also sent to the facility to be retained at the location in case an inspection would occur by a state or local agency.

ID Numbers	Address	Test Date	Crompco Work Order	Test(s) Performed
Location: NH0018 UST: 0113095	4 Amherst Street Milford, NH 03055	Wed Mar 10th, 2021	679694	New Hampshire Yearly Inspection Monitor Inspection CP: Tanks Overfill Verification

If you should have any questions regarding the tests enclosed, please contact Crompco at 1-800-646-3161.

Sincerely,

Diane Loughrey
Compliance Administrator

**TEST RESULTS**

April 09th, 2021

New Hampshire Department of
Environmental Services
Attn: Harding Schofield
Air Resources Division - Vapor Recovery
6 Hazen Drive
P O Box 95
Concord, NH 03302-0095

Test Results - Vapor Recovery

Dear Sir / Madam:

Enclosed are copies of the test results performed by Crompco at the location listed below. On behalf of our customer, these results are being submitted to you in accordance with the DNRES/UST Control of Volatile Organic Compound Emissions Regulations. Copies of the test results were also sent to the facility to be retained at the location in case an inspection would occur by a state or local agency.

Facility #	Address	Test Date	Crompco Work Order	Test(s) Performed
NH0018	4 Amherst Street Milford, NH 03055	Wed Mar 10th, 2021	679694	P/V Vent Valve Test

If you should have any questions regarding the tests enclosed, please contact Crompco at 1-800-646-3161

Sincerely,

Diane Loughrey
Compliance Administrator

**Annual Leak Monitoring and Overfill Protection Test Form
For Underground or Aboveground Storage Tank Systems**
N.H. Code of Administrative Rules Env-Or 400 (UST Rules) and
N.H. Code of Administrative Rules Env-Wm 1402 or Env-Or 300 (AST Rules)



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

Facility Name: BP Service Station ☒ **AST** ☐ **DES** Site No. / Facility No. 0113095 / NH0018
Facility Address: 4 Amherst Street City: Milford Zip: 03055

A. Annual Leak Monitoring Test Results

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

1. Leak monitor manufacturer's name and model number:			Veeder Root / TLS-350	
	Tank #:	10	8	
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.			Y	Y
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.			NA	NA
11. Overfill alarm sensors and shutoff devices were manually activated and verified to be at the proper operational setting. (Required Triennially for USTs, Annually for ASTs)			Y	Y
12. 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.			Y	Y

If your answer is **No**, then describe on the reverse side of this form how and when these items will be corrected.

B. Certification

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

Name (print): Felix Nguessan Company Name: Crompco, LLC
Company Address / State / Zip: 1815 Gallagher Road / Plymouth Meeting / PA / 19462

Tester's Signature:

Phone No.: (610) 278-7203 Test Date: Wed Mar 10th, 2021

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.

D. Notes

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

September 2013

NH DEPARTMENT OF ENVIRONMENTAL SERVICES
OIL REMEDIATION AND COMPLIANCE BUREAU
PO BOX 95
CONCORD, NH 03302-0095 (603) 271-3899 Fax # (603) 271-2181



**TANK AND PIPING TIGHTNESS TESTING FORM
FOR AST AND UST SYSTEMS**

N.H. Code of Administrative Rules Env-Or 400 and Env-Wm 1402 or Env-Or 300

The New Hampshire Department of Environmental Services has developed this form to help you document the reporting requirements for tank and piping tightness testing at this storage tank facility. Please consult with the applicable rules (Env-Or 406.11(b) for UST, Env-Wm 1402 or Env-Or 300 for AST).

Facility Name: BP Service Station DES Facility # 0113095
Facility Address: 4 Amherst Street City Milford Zip: 03055

Where required by rules, the tightness testing method shall have been evaluated by an independent testing laboratory and demonstrated to meet the leak rate criteria. The tightness test shall be capable of detecting a system leak rate of 0.10 gallons per hour with a probability of detection of 0.95 and a probability of false alarm of 0.05. The test report and any other documents describing the type of test, contractor, date, materials, all technician testing data, and any other information pertinent to the tightness testing performed shall be kept by the owner for the life of the system. **The test results shall be submitted by the owner to the division no later than 30 days after the date of the test.**

System Information: UST ☒ AST ☐

Tank Number: (for split tanks use l(a), (b))
Component(s) Being Tested: (Please Circle One) (Tank = T) (Piping = P) (Full System = FS)
Date Installed:
Product Stored: (gas, diesel, etc)
Tank and/or Piping Material: (fiberglass, steel, etc.)
Tank or pipe Capacity: (gallons) (gallons)
Please include a drawing of the facility or other information so that the tank or piping in question can be properly located or identified. (As needed, for sites with multiple tanks or conflicting registered tank ID numbers.)
Test Information:
Method Used: (Estabrook, Ezy 3 Locator etc.)
Temperature Measuring Equipment and method:
Start Time:
End Time:
Start Pressure (Include Units):
End Pressure (Include Units):
Re-leveling Procedure Used:
Groundwater Level and/or Water Sensor Used:
Length of any waiting periods after product delivery, topping or vapor space disturbances
Vapor Pocket Measurement and Elimination Procedure Used:
Piping, Fittings, or Connections that were tightened or repaired (Please Describe):
September 2013
Test Results: (Please Circle One)
Please include a copy of the field technicians testing records when submitting this test report.

A leak or failure shall be indicated by a test result of 0.10 gallons per hour or greater or an inconclusive test result. The person conductin the tightness test shall notify the department and facility owner and operator immediately of a system tightness test failure. An investigation shall be conducted within 7 days of the initial test failure to determine the cause of the failure which shall include a second confirming tightness test. The owner shall submit a written report to the department within 30 days of the failure that describes the work performed, the repairs made, and any other actions taken in response to the test failure.

Verification - I hereby certify the validity, method, and accuracy of the tets, that the test complies with the requirements of Env-Or 400 or Env-Wm or Env-Or 300 as applicable, and that I am qualified to perform this test.

Technician Name (print): Felix Nguessan



Signature:

Date: Wed Mar 10th, 2021 Date of Test: Wed Mar 10th, 2021

Testing Company Name: Crompco LLC

Testing Co. Address / State / Zip: 1815 Gallagher Road, Plymouth Meeting PA 19462

Phone No: (610) 278-7203

Testing Equipment Manufacturer: Estabrooks Inc. (EZY-3); Purpora Engineering (Petro-tite)

Last Calibration or Maintenance Date of Equipment: Ezy-3 Locator Plus ()

Tester Certification Number:

NHDES-X-#-#-#-#



Triennial Overfill Prevention Device Testing Form For Underground Storage Tank Systems Waste Division/Oil Remediation and Compliance Bureau



RSA/Rule: RSA 146-C, Env-Or 400

Facility Name: BP Service Station

UST Facility ID No.: 0113095

Facility Address: 4 Amherst Street

City: Milford

Zip: 03055

UST System Owner Name: Cross America Partners, LP

Owners Daytime Phone Number:

Owner Address: 600 West Hamilton St, Allentown, PA 18101

A. Primary overfill Protection Test Results

1. Type of overfill device, manufacturer's name and model number (List out all manufacturers and models if different): 10 - 8 -

Unless other noted, complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

	Tank #	10	8
2. The overfill console, if equipped, is correctly programmed and labeled.		Y	Y
3. The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements		Y	Y
4. Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.		81	78
5. The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		Y	Y
6. The audible alarm, if equipped is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds)		Y	Y
7. The visual alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)		Y	Y
8. In summary, the overfill system is confirmed to be in proper operation per manufacturer's requirements, all devices are reset and alarms have been cleared. Enter "P" for Pass or "F" for Fail.		P	P

If your answer is **No** for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Please be aware that any malfunctioning overfill device shall be repaired within 30 days. If the device cannot be repaired or replaced within 30 days the affected system(s) shall be prohibited from taking a delivery until satisfactory repairs are made.

Comments:

B. Certification

I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Tester Name(print) Felix Nguessan

Company Name: Crompco

Company Address / State / Zip: 1815 Gallagher Road, Plymouth Meeting, PA 19462

Tester's Signature:

Phone No.: 800-646-3161

Test Date: 2021-03-10

C. Record Keeping and Reporting Instructions

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

orcb.wmd@des.nh.gov (603) 271-3899
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

YYY-MM-DD

Work Ticket #: 679694

Address: 4 Amherst Street Milford, NH 03055

Station #: NH0018

Service Date: 03/10/2021

Parts Sold

Quantity Sold	Part Name	Manufacturer	Part #	Description
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Service Details

Crompco was on site performing testing, repairs, calibration and/or inspections for the following reason:

Compliance

CommentsGallons Pumped: Site Arrival Time: Site Depart Time:

Confirmation

By signing this verification you are agreeing that Crompco LLC performed various compliance testing and/or repairs and replaced parts as listed above.

Printed Name**Email****Signature**☐ Signature captured☐ Refused to sign☒ No one available to sign