



# Triennial Overfill Prevention Device Testing Form for Underground Storage Tank Systems

## Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.11

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 SEND THE TEST REPORT TO THE DEPARTMENT NO LATER THAN 30 DAYS AFTER THE DATE OF THE TEST.**

1A. Facility Information	
NHDES Site #:199106013	Facility ID #:0111950
Facility Name:BP SERVICE STATION	
Physical Address of Facility:587 LAFAYETTE RD.	Town/City:SEABROOK

1B. Owner Information	
Name:LEHIGH GAS WHOLESALE SERVICES	
Mailing Address:600 HAMILTON ST.STE 500 ALLENTOWN, PA	
Daytime Phone: (610)625 - 8061	Email (Optional):

<b>2. Type of overfill device, manufacturer's name, and model number (List out all manufacturers and models if different):</b> OVERFILL PREVENTION VALVE , OPW 71SO
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### 3. PRIMARY OVERFILL PROTECTION TEST RESULTS:

**TEST DATE:** 04/13/21

Unless otherwise noted, complete the following checklist using:

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

		Tank/Day Tank #			
		8	9	10	
4.	The overfill console, if equipped, is correctly programmed and labeled.	Y	Y	Y	
5.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.	N/A	N/A	N/A	
	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.	12.5	10.5	10.0	
6.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.	Y	Y	Y	
7.	The <u>audible</u> alarm, if equipped, is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds)	N/A	N/A	N/A	
8.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	N/A	N/A	N/A	
	<b>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.</b> Enter "P" for Pass or "F" for Fail.	P	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.

NHDES email: [orcb.wmd@des.nh.gov](mailto: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



# NEXTEST

872 Smithfield Ave Suite 202, Lincoln, RI 02865

Ph.(401) 723-0247 Fax (401) 723-0248

TEST DATE: 04/13/21

FACILITY #: 0111950

LOCATION: BP Service Station  
587 Lafayette Road  
Seabrook, NH 03874

## DROP TUBE REPORT

	<u>TANK</u>	<u>VOLUME</u>	<u>TANK DEPTH</u>	<u>DROP TUBE LENGTH</u>	<u>DIFFERENCE</u>	<u>CONCLUSION</u>
8	Regular	10000	142.00	138.00	4.00	PASS
9	Regular	8000	140.50	135.00	5.50	PASS
10	Super	6000	141.50	136.00	5.50	PASS

## OVERFILL PROTECTION REPORT

	<u>TANK</u>	<u>VOLUME</u>	<u>95%</u>	<u>RISER</u>	<u>DIFFERENCE</u>	<u>CONCLUSION</u>
8	Regular	10000	60.00	47.50	12.50	PASS
9	Regular	8000	56.75	46.25	10.50	PASS
10	Super	6000	56.50	46.50	10.00	PASS

NH DES INSPECTOR: N/A

RESULTS / COMMENTS: PASS

TEST CONDUCTED BY: BRYAN COURNOYER



**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.

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

Testing Company Address: 872 SMITHFIELD AVE

Technician Name (Print): BRYAN COURNOYER Technician Signature: 

Certification # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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