



Annual Line Leak Detector Test Form for AST and UST Systems

Oil Remediation and Compliance Bureau



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.

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

Facility Information	
NHDES Site # 199106013	Facility ID # 0111950
Facility Name: BP SERVICE STATION	
Physical Address of Facility: 587 LAFAYETTE RD Town/City: SEABROOK	
Owner Information	
Name: LEHIGH GAS WHOLESALE SERVICES	
Mailing Address: 600 HAMILTON ST. STE 500 ALLENTOWN, PA	
Daytime Phone: (610)625-8061	Email (Optional):

- As required by rules, all pressurized piping shall be equipped with an automatic line leak detector, which shall restrict or stop the flow of the stored substance upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10 pounds per square inch line pressure. Automatic line leak detectors shall be tested annually to confirm that they are operating according to manufacturer's requirements.
- Line leak detector is required to be tested in-place. Do not remove and test outside the system.

Testing Information and Results:

AST ☐

UST ☒

Testing Date: 04/13/21

Tank # (for split tanks use 1(a), 1(b))	Tank # 8	Tank # 10	Tank #	Tank #	Tank #
Test Location:	Crash Valve	Crash Valve			
Product Stored: (gas, diesel, etc.)	RUL	SUL			
Capacity: (gallons)	10000	6000			
LLD Manufacturer:	Red Jacket	FE Petro			
LLD Model Number:	FX1V	STP-MLD			
Tested Leak Rate: (gallons per hour)	3.0	3.0			
Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Complete the following only if any of the above LLDs have failed and replaced with NEW LLDs.

REPLACED LLD Manufacturer:					
LLD Model Number:					
Tested Leak Rate: (3 gallons per hour max)					
Results:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

An automatic line leak detector failure shall be indicated by a leak rate of greater than 3 gallons per hour at a pressure of 10 pounds 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.**

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

www.des.nh.gov

Verification – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements. (All fields completed)

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

Testing Company Address: 872 SMITHFIELD AVE. SUITE 202 LINCOLN, RI 02865

Technician Name (Print): BRYAN COURNOYER Technician Signature: 

Certification #: _____ Expiration Date: _____



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 # 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):

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: VEEDER ROOT TLS-350

Test Date: 04/13/21

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

TANK/DAY TANK #:

		8	9	10	
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y	Y	
4.	Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	Y	Y	
	Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y	Y	
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	Y	Y	Y	
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	Y	
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y	Y	
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y	Y	
9.	The leak monitor console <u>visual</u> alarms are operational and reset.	Y	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	N/A	
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	Y	Y	Y	
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 LINCOLN, RI

Technician Name (Print): BRYAN COURNOYER Technician Signature: 

Certification # _____ Expiration Date: _____

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