NHDES-S-04-034

Triennial Spill Containment Integrity Test Form
For Underground Storage Tank Systems
Waste Division/Oil Remediation and Compliance Bureau

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

Facility Name: _Newmarket Mini Mart_   UST Facility ID No.: _0114927_

Facility Address: _44 Exeter St_   City: _Newmarket_   Zip: _03857_

UST System Owner Name: _Chris Patel_   Owner's Daytime Phone Number: _(603) 659-6858_

Owner Address: _44 Exeter Rd New Market NH 03857_

A. Spill Containment Integrity Test Results

1. Containment model number and manufacturer's name (List out all manufacturers and models if different):
   Emco Wheaton - DW, 5 gallon
2. Test Method: _Emco Wheaton tester - Vacuum_

	Tank #	7	7		
3.	Specify if fill or vapor recovery containment. (F or VR)	F	VR		
4.	The primary and secondary containment, if applicable, is free of debris, water and regulated substance. (Y or N)	Y	Y		
5.	Start time of test.	10:30	10:40		
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch)(vacuum: inches water column or hg)	30"wc	30"wc		
7.	End time of test.	10:35	10:45		
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest ⅛ inch)(vacuum: inches water column or hg)	30"wc	30"wc		
9.	In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements. 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 no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.

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): _John Biskupiak_   Company Name: _Portland Pump_

Company Address / State / Zip: _11 Border Rd Scarborough ME 04074_

Tester's Signature: _____   Phone No.: _(207) 883-4317_   Test Date: _6-18-21_

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