



Underground Storage Tank (UST) System Registration Oil Remediation and Compliance Bureau



RSA 146-C:8; Env-Or 404.

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.

Instructions:

Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form.

Also, provide a site plan and facility layout. (May be an accurate hand sketch).

If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.

Facility ID #	0114927
NHDES Site #	199001005
Date Received:	6-23-21
Active Tanks	1 (7)
Closed Tanks	1 (04)

I. OWNERSHIP OF TANK(S)

Tank Owner Name <u>Tirth LLC</u>		
Mailing Address <u>214 Exeter St.</u>		
City <u>New Market, NH</u>	State <u>NH</u>	ZIP Code <u>03857</u>
Phone Number (include area code) <u>603-659-6858</u>	Email Address <u>newmarket@tirth.com</u>	

II. LOCATION OF TANK(S)

Facility Name <u>Dino Mart</u>		
Street Address <u>214 Exeter Rd.</u>		
City <u>New Market</u>	State <u>NH</u>	ZIP Code <u>03857</u>
County <u>Buckingham</u>		

III. LAND OWNER (if different than Tank Owner)

Land Owner Name		
Mailing Address		
City	State	ZIP Code
Phone Number (include area code)		
Email Address		

IV. Person Responsible for Maintenance & Regulatory Compliance

Contact Name and Title <u>Chirag Patel</u>		
Mailing Address <u>214 Exeter St.</u>		
City <u>New Market</u>	State <u>NH</u>	ZIP Code <u>03857</u>
Phone Number (include area code) <u>603-659-6858</u>		
Email Address		

V. Type of Owner

☐ Federal Gov't	☐ Commercial
☐ State Gov't	☒ Private
☐ Local Gov't	

VI. Type of Facility

☒ Gas Station	☐ Air Taxi	☐ Industrial
☐ Local Government	☐ Federal - Military	☐ Utilities
☐ Contractor	☐ Federal - Non-Military	☐ Aircraft Owner
☐ Petroleum Distributor	☐ Farm or Residential	☐ Commercial
☐ State Government	☐ Auto Dealership	☐ Other (Explain)
☐ Trucking / Transportation	☐ Railroad	

VII. Certification

As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I understand that I am subject to the penalties specified in RSA 641:8 for making unsworn false statements.

Print Name and Title of Owner <u>Chirag Patel / member</u>	Signature <u>C. Patel</u>	Date Signed <u>6/24/21</u>
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NHDES email: prob.wmd@des.nh.gov
Telephone: (603) 271-8899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2864
PO BOX 95, Concord, NH 03302-0095
www.des.nh.gov

2019-05-01

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VIII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)				
List Compartment Tank System No. as 1a, 1b, 2a, 2b etc.	Tank System #	Tank System #	Tank System #	Tank System #
1. Status of Tank System	7	8a	8b	
Currently In Use	☒	☐	☐	☐
Date Temporary Closed (less than 1" of substance stored)		6/22/21	6/22/21	
Date Permanently Closed (removed or filled in place)				
Amended Information				
2. Date of Installation:				
3. Compartment Tanks				
List Each Tank's Compartment (allies) in Separate Column.				
4. Estimated Total Capacity (gallons): Identify tanks that are siphoned together.	12 K	6 K	5 K	
5. Substance Stored:				
2HO - #2 Heating Oil	GAS - Gasoline			
4HO - #4 Heating Oil	JET - Jet Fuel			
6HO - #6 Heating Oil	KERO - Kerosene			
DSL - Diesel	MOT - Motor Oil			
ENG - Emergency Generator Fuel	OTH - Other Substance			
EMP - Empty	UNK - Unknown Substance			
HAZ - Hazardous Substance	USE - Used / Waste Oil			
6. Tank Material:				
Single wall (SW) / Double wall (DW) Cathodically Protected Steel	☐ SW ☒ DW	☐ SW ☒ DW	☐ SW ☒ DW	☐ SW ☐ DW
Composite				
Fiberglass	☒	☒	☒	
Steel	☒	☒	☒	
Jacketed				
Concrete				
Lined				
Unknown				
Other, Please Specify				
7. Piping Material: Designate Primary (Prim) or Secondary (Sec) piping.				
Single wall (SW) / Double wall (DW)	☐ SW ☒ DW	☐ SW ☒ DW	☐ SW ☒ DW	☐ SW ☐ DW
Cathodically Protected Steel	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
Flexible	☒ Prim. ☒ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
Fiberglass	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
Copper	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
Steel	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
PVC	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
HDPE	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec
Other / Unknown, Please Specify	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec	☐ Prim. ☐ Sec

8. Piping System:		Tank System #	Tank System #	Tank System #	Tank System #
		7	8A	8B	
Suction (No Check Valve at Tank)					
Suction (Check Valve at Tank)					
Pressure		✓	N/A	N/A	
Gravity					
Siphon					
Line Leak Detector (manufacturer) Date installed:		Red Jacket			
9. Spill Buckets Installed (Date):					
Identify all Remote Fills					
10. Primary Overfill Device (Date):					
Ball Float					
Automatic Shut Off Valve					
Audible High Level Alarm					
Other					
11. Inventory Monitoring is Being Done:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Release Detection					
Automatic Tank Gauge (date & manufacturer)		Veeder Root	Veeder Root	Veeder Root	
Tank Interstitial Monitor (manufacturer)		VR			
Piping Interstitial Monitor (manufacturer)		VR			
Vapor Monitoring					
Groundwater Monitoring					
Line Tightness test					
Manual Tank Gauging					
Other					
13. Corrosion Protection:					
(Tank = T; Piping = P; Flex Conn or Fittings = F)					
Sacrificial Anodes		☐ T	☐ T	☐ T	☐ T
		☐ P	☐ P	☐ P	☐ P
		☐ F	☐ F	☐ F	☐ F
Impressed Current		☐ T	☐ T	☐ T	☐ T
		☐ P	☐ P	☐ P	☐ P
		☐ F	☐ F	☐ F	☐ F
Other		☐ T	☐ T	☐ T	☐ T
		☐ P	☐ P	☐ P	☐ P
		☐ F	☐ F	☐ F	☐ F
14. Tightness Testing:					
Tank (Date / Results)		P	F	F	
Piping (Date / Results)		P			
15. System:					
Has Tank been repaired?		NO	NO	NO	
Has piping been repaired?		replaced			

IX. Owners Financial Responsibility

Env-Or 404.12 Financial Responsibility

(a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.

(b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.

(c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-B, or RSA 146-F.

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules:

☒ YES

☐ NO

X. Final Certification, (For installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval.

Josh Biskupink
Print Name

[Signature]
Signature

6-23-21
Date

NH PE:

License Number

Expiration Date

OR, ICC:

6786147169
Certification # for UST installation/retrofitting

2/13/2022
Expiration Date

XI. Stage I / Stage II Vapor Recovery (Gasoline Systems Only)

Annual Gasoline Throughput* - All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

* Throughput required for facilities with only Stage I equipment

Stage I	Stage II	Equipment
Coaxial _____	Type Equipment: _____	Total # of Dispensers _____
Two Point _____	_____	Total # of Nozzles _____
Dry Break on Manifold _____	_____	Total # of Gas Tanks _____
Other _____	_____	
Date of Installation: _____	Date of Installation: _____	
Installer: _____	Installer: _____	



Underground Storage Tank (UST) Facilities A/B Operator Statement of Training Record



RSA 146-C:17 - C:21

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Facility ID # 0114927 NHDES Site ID # 199004005
Facility Name: Tivth LLC
Facility Location: 44 Exeter St.
Facility Town/City: Newmarket, NH 03857
Name of Approved Training Program: _____

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.

Class A Operator

Name: Jwalit Patel
Training Date: 7/24/2019 Expiration Date: 7/24/2021
Class A Operator Signature: [Signature] Date: 6/24/21

Class B Operator

Name: Jwalit Patel
Training Date: 7/24/2019 Expiration Date: 7/24/2021
Class B Operator Signature: [Signature] Date: 6/24/21

Owner

Name: Chirag Patel
Owner Address: 44 Exeter Rd, Newmarket, NH 03857
Owner Signature: C.K. Patel Date: 6/24/21