

**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: Newmarket Mini Mart UST Facility ID No.: 0114927

Facility Address: 44 Exeter St City: Newmarket Zip: 03857

UST System Owner Name: Chris Patel Owners Daytime Phone Number: (603) 659-6858

Owner Address: 44 Exeter St. NewMarket NH

**A. Primary overfill Protection Test Results**

1. Type of overfill device, manufacturer's name and model number (List out all manufacturer's and models if different): Flapper OPW 7150

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

		Tank #			
2.	The overfill console, if equipped, is correctly programmed and labeled.	7			
3.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.	NA			
4.	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.	Y			
5.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.	Y			
6.	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)	NA			
7.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	NA			
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			

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.

**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): Josh Biskupiak Company Name: Portland Pump

Company Address / State / Zip: 11 Border Rd Scarborough ME 04074

Tester's Signature: [Signature] Phone No.: (207) 883-4317 Test Date: 6-21-21

**C. Record Keeping and Reporting Instructions**

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

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