

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



RSA 146-C:3; 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.

submit information required under						
	Instructi	ons:				
Please type or print in ink all items except "signature" in Section VII. This form must be completed				Facility ID #		
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.				NHDES Site #		
Also, provide a site plan and facility layout. (May be an accurate hand sketch).				Date Received:		
If ownership is changing, please subm			-	Active Tanks:	Closed Tanks:	
class A and B operators.						
				()		
I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK	.(5)		
Global Montello Group Corp.			Global Montello Grou	p #312		
Tank Owner Name			Facility Name			
800 South Street, Suite 500			22 Henniker St			
Mailing Address			Street Address			
Waltham City	MA State	<u>02454</u> ZIP Code	Hillsborough		<u>NH</u> <u>03244</u> State ZIP Code	
City	State		City		State ZIP Code	
781-674-7780 Phone Number (include area code)	Email Add	globalp.com ress	Hillsborough County			
	2					
III. LAND OWNER (If different than	Tank Own	er)	IV. Person Responsible Compliance	e for Maintenar	ice & Regulatory	
Global Montello Group Corp.			Dick Browne			
Land Owner Name			Contact Name and Title			
800 South Street, Suite 500			88 Leroy Road			
Mailing Address			Mailing Address			
Waltham	MA	<u>02454</u>	<u>Williston</u>		<u>VT</u> <u>05495</u>	
City	State	ZIP Code	City		State ZIP Code richard.browne@globalp	
781-674-7780	DWent@	globalp.com	802-274-9521		.co	
Phone Number (include area code)	Email Add	ress	Phone Number (include a	rea code)	Email Address	
V. Type of Owner		VI. Type of Facility				
		Gas Station	Air Taxi		Industrial	
🔄 Federal Gov't 🛛 🖂 Con	nmercial	Local Governmer	nt 🗌 Federal	- Military	Utilities	
State Gov't Priv	ato	Contractor	Federa	l - Non-Military	Aircraft Owner	
	ate	Petroleum Distrik	=	r Residential	Commercial	
🗌 Local Gov't		State Governmer		ealership	Other (Explain)	
		Trucking / Transp	oortation Railroa	d		
VII. Certification						
	law that I hav	e nersonally examined an	d am familiar with the inform	ation submitted in	or with this registration form	
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 641:3 for making unsworn false statements.						
Print Name and Title of Owner:		Sig	gnature:	1.	Date Signed:	
Megan Kazmierczak (Auth. Rep.) Młgan Khymuruyak <u>8/12/2021</u>						
NHDES email: <u>orcb.wdrd@des.nk/gov</u>						
Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964 PO BOX 95, Concord, NH 03302-0095						

NHDES-S-04-016

VIII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)						
		Tank System #	Tank System #	Tank System #	Tank System #	
List Compartment Tank Systen		7	8	9		
1.Status of Tank System:	Currently in Use					
	Date Temporary Closed (less than 1" of substance stored)					
	Date Permanently Closed (Removed or filled in place)	8/11/2021	8/11/2021	8/11/2021		
	Amended Information					
2. Date of Installation:						
3. Compartment Tank:						
List Each Tank's Compartment (gallo						
 Estimated Total Capacity (g Identify tanks that are siphoned togother 						
5. Substance Stored:						
2HO - # 2 Heating Oil	GAS – Gasoline					
4HO - #4 Heating Oil	JET - Jet Fuel					
6HO - #6 Heating Oil	KER – Kerosene					
DSL – Diesel	MOT - Motor Oil					
EMG - Emergency Generator Fue	I OTH - Other Substance					
EMP – Empty	UNK - Unknown Substance					
HAZ - Hazardous Substance	USE - Used / Waste Oil					
6. Tank Material:		∏sw∏dw	🗌 sw 🗌 dw	🗌 sw 🗌 dw	□sw□dw	
	Single wall <i>(SW) /</i> Double wall <i>(DW)</i> Cathodically Protected Steel					
	Composite					
	Fiberglass					
	Steel					
	Unknown					
	Other, Please Specify					
7. Piping Material: Designate Prin	nary (Prim) or Secondary (Sec) piping.					
	🗆 sw 🗌 dw	□sw □dw	🗆 sw 🗌 dw	🗆 sw 🗌 dw		
	□ Prim. □Sec	Prim. Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	Prim. Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	Prim. Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	□ Prim. □Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	Prim. Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	Prim. Sec	Prim. Sec	Prim. Sec		
	□ Prim. □Sec	🗌 Prim. 🗌 Sec	🗌 Prim. 🗌 Sec	Prim. Sec		
	□ Prim. □Sec	Prim. Sec	□ Prim. □Sec	Prim. Sec		

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www.des.nh.gov

IX. Owners	Financial Resp	onsibility					
 (a) Owners of implementat occurrence. (b) The amout (c) The require 	ion of corrective int of financial re rement for finan	all maintain fina measures, and c esponsibility requ	ompensation fo ired shall not lin may be satisfie	or third party dan mit the liability of ed if the owner of	nages in the amo f an owner or ope	unt equal to or grea	from UST systems, the ater than \$1,000,000 per caused by a release. ent of costs associated with
l have met t	the financial re	sponsibility red	quirements in	accordance wi	th NH Code of A	Administrative Ru	nles:
X. Final Cert	tification. (For	installations r	equiring const	truction approv	al per Env-Or 4	07.01)	
at the time of installation h	f registration if t as been complet	he installation is ed.	complete. Othe	erwise, final certif	ication may be p	rovided via separate	
		epartment's app		ordance with the	department s ap	oproved plans of as-	-built record drawings and all
	Print Nam	ne		Sig	nature		Date
NH PE:				OR, ICC:			
	License Number	E	xpiration Date		ation # for UST Installa	ation/Retrofitting	Expiration Date
XI. Stage I /	Stage II Vapor	Recovery (Gas	soline Systems	s Only)			
Annual Gase	oline Throughp	ut* – All Grade	s of Gasoline				
	Year	Total Throu	ghput (gal)	Year		Total Through	nput (gal)
* Th	roughnut require	d for facilities wi	th only Stage L	equinment			
	Stage I	a joi jacinties wi	in only stage it		ge II		Equipment
			Type Equipmen		5	Total # of Dis	
Coaxial	—						
Two Point						Total # of No.	zzles
Dry Break on	Dry Break on Manifold Total # of Gas Tanks			s Tanks			
Other							
Other	Other						
Date of Insta	Date of Installation: Date of Installa			ation:			
Installer: Installer:							

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