



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 #	Facility ID #
Facility Name:	
Physical Address of Facility:	Town/City:

1B. Owner Information	
Name:	
Mailing Address:	
Daytime Phone: () -	Email (Optional):

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: _____

Test Date: _____

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

		TANK/DAY TANK #:			
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.				
4.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.				
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all				
5.	Brine level of the tank interstitial space is within the manufacturers operating range.				
6.	All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.				
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.				
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.				
9.	The leak monitor console <u>visual</u> alarms are operational and reset.				
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.				
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)				
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 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: _____ Testing Company Phone # _____

Testing Company Address: _____

Technician Name (Print): _____ Technician Signature: _____

Certification # _____ Expiration Date: _____

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



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

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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 #	Facility ID #
Facility Name:	
Physical Address of Facility:	Town/City:

Owner Information	
Name:	
Mailing Address:	
Daytime Phone: () - - - - - -	Email (Optional):

1. 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.
2. 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:** _____

Tank # (for split tanks use 1(a), 1(b))	Tank #	Tank #	Tank #	Tank #	Tank #
Test Location:					
Product Stored: (gas, diesel, etc.)					
Capacity: (gallons)					
LLD Manufacturer:					
LLD Model Number:					
Tested Leak Rate: (gallons per hour)					
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

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.**

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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: _____ Testing Company Phone #: _____

Testing Company Address: _____

Technician Name (Print): _____ Technician Signature: _____

Certification #: _____ Expiration Date: _____



Triennial Overfill Prevention Device Testing Form for Underground Storage Tank Systems

Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.11

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

1A. Facility Information	
NHDES Site #:	Facility ID #:
Facility Name:	
Physical Address of Facility:	Town/City:

1B. Owner Information	
Name:	
Mailing Address:	
Daytime Phone: () -	Email (Optional):

2. Type of overfill device, manufacturer's name, and model number

3. PRIMARY OVERFILL PROTECTION TEST RESULTS:

TEST DATE: _____

Unless otherwise noted, complete the following checklist using:

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

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

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.

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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.

Testing Company Name: _____ Testing Company Phone # _____

Testing Company Address: _____

Technician Name (Print): _____ Technician Signature: _____

Certification # _____ Expiration Date: _____

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