



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 #	199209012	Facility ID #	0110638
Facility Name:		DMS FUELS LLC	
Physical Address of Facility:	2830 DARTMOUTH COLLEGE HWY	Town/City:	HAVERHILL

1B. Owner Information	
Name: DMS FUELS LLC	
Mailing Address: 2830 DARTMOUTH COLLEGE HWY N HAVERHILL NH 03774	
Daytime Phone: 603-787-9941	Email (Optional):

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: <div style="text-align: center; font-size: 1.2em;">VEEDER ROOT ILS-350</div>

Test Date: 09/01/2021

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

TANK/DAY TANK #:		10	11	12	
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y	Y	
	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	N Y	Y	Y	
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y	Y	
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A	N/A	
6.	All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.	Y	Y	Y	
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	N Y	Y	Y	
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y	Y	
9.	The leak monitor console <u>visual</u> alarms are operational and reset.	Y	Y	Y	
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	Y	Y	Y	
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	N/A	N/A	N/A	
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 checked="" 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

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: Gaftek Inc. Testing Company Phone # 603-736-5898
Testing Company Address: 2083 Dover Rd., Epsom, NH 03234
Technician Name (Print): Jason Harris Technician Signature: *JH*
Certification # 8112384 Expiration Date: 07/20/2023

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

9/1/2021 = Interstitial sensor on tank #10 H.O. Tank is broken off in the riser and could not get it out.
9/8/2021 = Returned with Vac Truck, sucked out sensor that was stuck at bottom of riser, replaced and tested = PASS.



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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 #	199209012	Facility ID #	0110638
Facility Name:		DMS Fuels LLC	
Physical Address of Facility:	2830 Dartmouth Hwy.	Town/City:	N. Haverhill

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

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

VEEDER ROOT TLS-350

Test Date: September 1, 2021

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

TANK/DAY TANK #:		14	15		
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y		
	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	Y	Y		
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y		
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A		
6.	All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.	Y	Y		
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y		
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y		
9.	The leak monitor console <u>visual</u> alarms are operational and reset.	Y	Y		
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A	N/A		
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	N/A	N/A		
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 checked="" 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: Gaftek Testing Company Phone # _____

Testing Company Address: 2083 Dover Road Epsom New Hampshire

Technician Name (Print): Jared Blodgett Technician Signature: *Jared Blodgett*

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 # 199209012	Facility ID # 0110638
Facility Name: DMS Fuels LLC	
Physical Address of Facility: 2830 Dartmouth Hwy.	Town/City: N. Haverhill
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: September 1, 2021

Tank # (for split tanks use 1(a), 1(b))	Tank # 14	Tank # 15	Tank #	Tank #	Tank #
Test Location:	DISPENSER	DISPENSER			
Product Stored: (gas, diesel, etc.)	RNL	SNL			
Capacity: (gallons)	10000	5000			
LLD Manufacturer:	RED JACKET	RED JACKET			
LLD Model Number:	FX1V	FX1V			
Tested Leak Rate: (gallons per hour)	3 GPH	3 GPH			
Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" 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.**

NHDES email: orcb.wmd@des.nh.gov
 Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964
 PO BOX 95, Concord, NH 03302-0095

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: Gaftek Testing Company Phone #: _____

Testing Company Address: 2083 Dover Road Epsom New Hampshire

Technician Name (Print): Jared Blodgett Technician Signature: *Jared Blodgett*

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 #: 199209012	Facility ID #: 0110638
Facility Name: DMS FUELS LLC	
Physical Address of Facility: 2830 DARTMOUTH COLLEGE HWY Town/City: HAVERHILL	
1B. Owner Information	
Name: DMS FUELS LLC	
Mailing Address: 2830 DARTMOUTH COLLEGE HWY N HAVERHILL NH 03774	
Daytime Phone: 603-787-9941	Email (Optional):
2. Type of overfill device, manufacturer's name, and model number	
DROP TUBE OPW	

3. PRIMARY OVERFILL PROTECTION TEST RESULTS:

TEST DATE: 09/01/2021

Unless otherwise noted, complete the following checklist using:

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

	Tank/Day Tank #	10	11	12	
4.	The overfill console, if equipped, is correctly programmed and labeled.	N/A	N/A	N/A	
5.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.	Y	Y	Y	
	Length of overfill device (in inches). Please explain how you reached these numbers on page 2 of this test form.	11.12	10.6	11.2	
6.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.	Y	Y	Y	
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)	N/A	N/A	N/A	
8.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	N/A	N/A	N/A	
	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	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 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.

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: Gaftek Inc. Testing Company Phone # 603-736-5898

Testing Company Address: 2083 Dover Rd., Epsom, NH 03234

Technician Name (Print): Jason Harris Technician Signature: *JH*

Certification # 8112384 Expiration Date: 07/20/2023

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

All 3 tanks have 61SO drop tubes.
They are each set as follows:

Tank #10 is 11-1/8" into tank.
Tank #11 is 10-5/8" into tank.
Tank #12 is 11-1/4" into tank.

All are set at 95%.....



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 #: 199209012	Facility ID #: 0110638
Facility Name: DMS Fuels LLC	
Physical Address of Facility: 2830 Dartmouth Hwy.	Town/City: N. Haverhill
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:** September 1, 2021

Unless otherwise noted, complete the following checklist using:

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

		Tank/Day Tank #	14	15		
4.	The overfill console, if equipped, is correctly programmed and labeled.		N/A	N/A		
5.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.		Y	Y		
	Length of overfill device (in inches). Please explain how you reached these numbers on page 2 of this test form.		11"	11"		
6.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		Y	Y		
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)		N/A	N/A		
8.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)		N/A	N/A		
	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	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.

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: Gaftek Testing Company Phone # _____

Testing Company Address: 2083 Dover Road Epsom New Hampshire

Technician Name (Print): Jared Blodgett Technician Signature: *Jared Blodgett*

Certification # _____ Expiration Date: _____

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

He's appear to be 92 inch diameter tanks. The difference between the riser pipe and the flapper valve is 11 inches on both tanks. These were approved when they were installed three years ago.



Triennial Spill Containment Integrity Test Form
for Underground Storage Tank Systems
 Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.12

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

Facility Information	
NHDES Site # 199209012	Facility ID # 0110638
Facility Name: DMS FUELS LLC	
Physical Address of Facility: 2830 DARTMOUTH COLLEGE HWY	Town/City: HAVERHILL
Owner Information	
Name: DMS FUELS LLC	
Mailing Address: 2830 DARTMOUTH COLLEGE HWY N HAVERHILL NH 03774	
Daytime Phone: 603-787-9941	Email (Optional):

Test Date: 09/01/2021

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):
Fairfield 5 gallon SW slip on buckets

2. Test Method: HYDROSTATIC

SPILL CONTAINMENT INTEGRITY TEST RESULTS:		Tank #	10	11	12	
3.	Specify if fill or vapor recovery containment. (F or VR)		F	F	F	
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)		Y	Y	Y	
5.	Start time of test.		8:05 am	8:20 am	8:45 am	
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		12"	12"	12"	
7.	End time of test.		9:05 am	9:20 am	9:45 am	
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		12"	12"	12"	
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	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. Any tightness test failure shall be reported to NHDES within 24 hours of receiving notice of failure. 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.

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

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: Gaftek Inc. Testing Company Phone #: 603-736-5898

Testing Company Address: 2083 Dover Rd., Epsom, NH 03234

Technician Name (Print): Jason Harris Technician Signature: *JH*

Describe how and when any "No" items will be corrected:



160 Perry Road
Bangor, ME 04401
207-217-6515 Office
888-485-5737 Toll Free
207-217-6520 Fax

2083 Dover Road
Epsom, NH 03234
207-854-9104 Office
888-485-5731 Toll Free
603-736-5890 Fax

84D Warren Avenue
Westbrook, ME 04092
207-854-9104 Office
888-485-5731 Toll Free
207-854-9106 Fax

WORK ORDER

Dispatch: 325505

Date: 09/01/2021

Bill-To:	Location:	DMS Fuels, LLC
Warranty? Yes --> <input type="checkbox"/> No --> <input type="checkbox"/>	Address:	2830 Dartmouth College Highway
Make:	Model:	City/State: North Haverhill, NH 03774
Serial Number:	Site Phone:	603-787-9941

Conditions Found:

Opened all covers on the DSL, Off Road, and H.O. Tanks. Took out all 3 drop tubes, all are 61SO. Got measurements, all 3 are set all 95%. Will need to return to replace. Hydro tested all 3 spill buckets, all PASSED! Put test water into drum onsite. Interstitial sensor on H.O. Tank is struck in riser almost 12' down, cap and wire were off riser this morning when I opened cover. Wire was also ripped apart from sensor. Tested the rest of the sensors on this side, all PASSED! The 4 piping sumps all have water in them and need to be pumped out. All 3 fills were RED TAGGED when I arrived, so I put the tags back on them.

PASSED: ☒ FAILED: ☐

Site Update/Notes:

Filled out paperwork, took pictures of the broken interstitial sensor and sent into compliance.

Parts Used:



2 - Replacement gaskets for swivel fill adapters OPWH09039M
2 - grey fill caps 634-TT-4"-EVR



Parts Needed - PLEASE BE SPECIFIC AND TAKE PICTURES IF NO PART #'S ARE AVAILABLE - Send pictures to Service@Gaftek.com

4 - bolt down kits with clamps for Total Containment sump covers.
4 - gaskets for Total Containment sump covers.
3 - drop tubes
1 - Veeder Root interstitial bell sensor.

Out of Scope: <input type="checkbox"/>	In Scope: <input type="checkbox"/>	E-mail all paperwork and service requests to Service@Gaftek.com	
PO#:			
Commissioning/SR#:	Emergency call? <input type="checkbox"/>	Don't forget to take a lunch	Routine Call? <input type="checkbox"/>
ASC #:	Tech #:		End of Day: 2:19 pm
Fall Code:	Departure: 4:09 am		Off-Site: 12:45 pm
Component Code:	On-Site: 5:56 am		Lunch Stop: 12:30 pm
Action Code:	Lunch Start: 12:00 pm		
<input checked="" type="checkbox"/> <-- Job Complete	Need To Return --> <input type="checkbox"/>		
Technician's Name: Jason Harris		Reg Labor	hrs @
		O/T Labor	hrs @
		Reg Travel	hrs @
		O/T Travel	hrs @
Customer's Signature:		Mileage	mi @

	160 Perry Road Bangor, ME 04401 207-217-6515 Office 888-485-5737 Toll Free 207-217-6520 Fax	2083 Dover Road Epsom, NH 03234 207-854-9104 Office 888-485-5731 Toll Free 603-736-5890 Fax	84D Warren Avenue Westbrook, ME 04092 207-854-9104 Office 888-485-5731 Toll Free 207-854-9106 Fax	WORK ORDER Dispatch: 325505 Date: 09/08/2021	
Bill-To:		Location: DMS Fuels, LLC			
Warranty? Yes --> <input type="checkbox"/> No --> <input type="checkbox"/>		Address: 2830 Dartmouth College Highway			
Make:	Model:	City/State: North Haverhill, NH 03774			
Serial Number:		Site Phone: 603-787-9941			
Conditions Found: <p>Opened all 4 covers on tanks. Installed new interstitial sensor on H.O. tank. Brian sucked all tank sumps dry. We were able to get old sensor that was stuck in riser on H.O. tank. Sucked out water out of interstitial space on both the H.O. and off-road tanks. Veeder Root for Diesel, H.O., and Off-road tanks is cleared and reading "all functions normal".</p> <p>PASSED: <input checked="" type="checkbox"/> FAILED: <input type="checkbox"/></p>					
Site Update/Notes:					
Parts Used: 1 - Veeder Root bell sensor part #794390-420 (off my van)					
					
Parts Needed - PLEASE BE SPECIFIC AND TAKE PICTURES IF NO PART #'S ARE AVAILABLE - Send pictures to Service@Gaftek.com					
Out of Scope: <input type="checkbox"/>		In Scope: <input type="checkbox"/>			
PO#:		E-mail all paperwork and service requests to Service@Gaftek.com			
Commissioning/SR#:		Emergency call? <input type="checkbox"/>		Routine Call? <input type="checkbox"/>	
ASC #:	Tech #:	Don't forget to take a lunch		End of Day: 1:20 pm	
Fall Code:				Departure: 4:15 am	Off-Site: 11:42 am
Component Code:				On-Site: 6:04 am	Lunch Stop: 11:40 am
Action Code:		Lunch Start: 11:10 am			
<input checked="" type="checkbox"/>	<-- Job Complete	Need To Return -->	<input type="checkbox"/>		
Technician's Name: Jason Harris					
Customer's Signature: _____		Reg Labor	hrs @	# of techs:	
		O/T Labor	hrs @	# of techs:	
		Reg Travel	hrs @	# of techs:	
		O/T Travel	hrs @	# of techs:	
		Mileage	mi @	# of techs:	