NHDES-S-04-027

Underground Storage Tank (UST) Facilities

A/B Operator Statement of Training Record

OIL REMEDIATION AND COMPLIANCE BUREAU

PO BOX 95 CONCORD NH 03302-0095

Phone # (603) 271-3899 Fax # (603) 271-2181

New Hampshire RSA 146-C:17 – 21

Facility ID # 0111910 NHDES Site ID # 200012019

Facility Name: Somersworth One Stop II

Facility Location: 55 Rt 108

Facility Town/City: Somersworth

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.

Class A Operator

Name James Rogers

Training Date 9-23-2021

Expiration Date 9-23-2023

Class A operator Signature [signature] Date 10-19-2021

Class B Operator

Name James Rogers

Training Date 9-23-2021

Expiration Date 9-23-2023

Class B operator Signature [signature] Date 10-19-2021

Owner

Name Charles Mabardi

Owner Address 720 Lafayette Rd Sea

Owner City and State Seabrook NH 03874

Owner Signature [signature] Date 10/19/2021

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.