

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.

Please type or print in ink all items except "signature" in Section VII. This form must be completed 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.

Also, provide a site plan and facility layout. (May be an accurate hand sketch).

If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.

Facility ID # 0111135
NHDES Site # 199107004

Date Received: _____

Active Tanks: _____

Closed Tanks: _____

SBP Incorporation
Tank Owner Name
497 US-4
Mailing Address
Enfield NH 03748
City State ZIP Code
603-235-1429 Enfieldgasnfood@gmail.com
Phone Number (include area code) Email Address

Enfield Gas and Food
Facility Name
497 US 4
Street Address
Enfield NH 03748
City State ZIP Code
Grafton
County

SBP Realty LLC
Land Owner Name
497 US-4
Mailing Address
Enfield NH 03748
City State ZIP Code
603-235-1429 Enfieldgasnfood@gmail.com
Phone Number (include area code) Email Address

Bobby Patel VP/Treasurer
Contact Name and Title
18 Edinburgh Rd
Mailing Address
Windham NH 03087
City State ZIP Code
603-235-1429 Enfieldgasnfood@gmail.com
Phone Number (include area code) Email Address

V. Type of Owner

- ☐ Federal Gov't ☐ Commercial
☐ State Gov't ☒ Private
☐ Local Gov't

VI. Type of Facility

- ☒ Gas Station ☐ Air Taxi ☐ Industrial
☐ Local Government ☐ Federal - Military ☐ Utilities
☐ Contractor ☐ Federal - Non-Military ☐ Aircraft Owner
☐ Petroleum Distributor ☐ Farm or Residential ☐ Commercial
☐ State Government ☐ Auto Dealership ☐ Other (Explain)
☐ Trucking / Transportation ☐ Railroad

VII. Certification

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:

Bhavesh (Bobby) Patel
VP/Treasurer

Signature: _____

Bhavesh Patel

Date Signed: _____

1/6/22

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

www.des.nh.gov

VIII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)

	Tank System #	Tank System #	Tank System #	Tank System #
2HO - # 2 Heating Oil List Each Tank's Compartment Tank System No. as 1a, 1b, 2a, 2b etc				
4HO - # 4 Heating Oil 6HO - # 6 Heating Oil DSL - Diesel EMG - Emergency Generator Fuel EMP - Empty	GAS - Gasoline JET - Jet Fuel currently in Use any Closed <i>(less than 1" of substance stored)</i> MOT - Motor Oil Date Permanently Closed OTH - Other Substance place) Unknown Information			
2. Date of Installation List Each Tank's Compartment Tank System No. as 1a, 1b, 2a, 2b etc	USE - Used / Waste Oil			
3. Compartment Tank: List Each Tank's Compartment (gallons) in Separate Column.				
4. Estimated Total Capacity (gallons): Identify tanks that are siphoned together.				
5. Substance Stored:				
6. Tank Material: Single wall (SW) / Double wall (DW) Cathodically Protected Steel Composite Fiberglass Steel Jacketed Concrete Lined Unknown Other, Please Specify	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
7. Piping Material: Designate Primary (Prim) or Secondary (Sec) piping. Single wall (SW) / Double wall (DW) Cathodically Protected Steel Flexible Fiberglass Copper Steel PVC	<input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec	<input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec <input type="checkbox"/> Prim. <input type="checkbox"/> Sec

HDPE Other / Unknown, Please Specify	Sec	Sec	Sec	
	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec
	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/>	<input type="checkbox"/> Prim. <input type="checkbox"/> Sec

8. Piping System:	Tank System #	Tank System #	Tank System #	Tank System #
Suction (No Check Valve at Tank)				
Suction (Check Valve at Tank)				
Pressure				
Gravity				
Siphon				
Line Leak Detector (manufacturer) Date installed:				
9. Spill Buckets Installed (Date): Identify all Remote Fills				
10. Primary Overfill Device (Date): Ball Float Automatic Shut Off Valve Audible High Level Alarm Other				
11. Inventory Monitoring is Being Done:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Release Detection: Automatic Tank Gauge (date & manufacturer) Tank Interstitial Monitor (manufacturer) Piping Interstitial Monitor (manufacturer) Vapor Monitoring Groundwater Monitoring Line Tightness test Manual Tank Gauging Other				
13. Corrosion Protection: (Tank =T; Piping =P; Flex Conn or Fittings =F)				
Sacrificial Anodes	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
Impressed Current	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
Other	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F
14. Tightness Testing:				
Tank (Date / Results)				
Piping (Date / Results)				

15. System:	Has Tank been repaired?				
	Has piping been repaired?				

IX. Owners Financial Responsibility**EnvOr 404.12 Financial Responsibility.**

(a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.

(b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.

(c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146D, RSA 146-E, or RSA 146-F.

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules:

☒ YES

☐ NO

X. Final Certification. (For installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval.

_____ Print Name _____ Signature _____ Date _____
 NH PE: _____ OR, ICC: _____
 License Number Expiration Date Certification # for UST Installation/Retrofitting Expiration Date

XI. Stage I / Stage II Vapor Recovery (Gasoline Systems Only)**Annual Gasoline Throughput* – All Grades of Gasoline**

Year	Total Throughput (gal)

Year	Total Throughput (gal)

* Throughput required for facilities with only Stage I equipment

Stage I

Coaxial	_____
Two Point	_____
Dry Break on Manifold	_____
Other	_____
Date of Installation:	_____
Installer:	_____

Stage II

Type Equipment:	_____

Date of Installation:	_____
Installer:	_____

Equipment

Total # of Dispensers	_____
Total # of Nozzles	_____
Total # of Gas Tanks	_____

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Facility ID # 011135 NHDES Site ID # 199107004
Facility Name: Enfield Gas and Food
Facility Location: 497 US-4
Facility Town/City: Enfield NH 03748
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.

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.

Class A Operator

Name: Satishkumar Patel
Training Date: 10/07/21 Expiration Date: 10/07/23
Class A Operator Signature: Satishm Patel Date: 1/6/22

Class B Operator

Name: Satishkumar Patel
Training Date: 10/07/21 Expiration Date: 10/07/22
Class B Operator Signature: Satish m. Patel Date: 1/6/22

Owner

Name: SBP Incorporation / SBP Realty LLC
Owner Address: 497 US-4 Enfield NH 03748
Owner Signature: [Signature] Date: 1/6/22



State of New Hampshire
Department of Environmental Services



Certificate of Achievement

This is to acknowledge that

Satishkumar Patel

Has successfully completed

***New Hampshire Department of Environmental Services
Underground Storage Tank Class A and B Operator Training Program's
Online Recertification for Dispensing Facilities***

October 7, 2021

Training Date

October 7, 2023

Expiration Date

Course Manager

UST Program Manager