

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

1A. Facility information

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 <u>WITHIN 30 DAYS</u> AFTER TESTING. Keep a completed copy of this for owner/operator records.

NHDES Site # 199107004 Facility ID # 0111125						
Pacility Name: Enfected Can & Cla						
Phy	rsical Address of Facility: 497 Bto 4	And the state of t	da	-		7
Datebassanderson		Town/Cit	y: €	fie	lel	
The Party of the P	. Owner information				-	
Nar	ne: Om Shir Corp					
Mal	Illing Address: 497 12 te4 Enfections Phones 1/0 = 3/12	ld N. H				
Day	time Phone: \$03 5-31-9196	Email (Optional):				
			A The armodynation considerate			
2.	Leak monitor protection equipment. (List all tested with manufact	curer name and model numbers:				
	OEL 1000 Contes					
	/2 7 2					
	Date: 12-7-2021					
	IUAL LEAK MONITORING TEST RESULTS:					
Complete the following checklist using:						
3.	Yes, N = No, N/A = Not Applicable	TANK/DAY TANK #:	5	6A	6B	7
3.	Leak monitor console assignments are correctly programm	ed and labeled for all sensors.	Y	. 4	У	У
4.	Tank secondary containment sensor is positioned per man	ufacturer's requirements.	У	У	V	V
	Figure Secondary containment (nining intermediate and a	V	1/	1		
5.	sensors are positioned per manufacturer requirements to	monitor all	/_	X	У	X
6.	Brine level of the tank interstitial space is within the manuf All secondary containment, including the interstitial space of liquid tight and free of debris, water and merstitial space of	a	MA	4/13	NA	NI
9.	the state of debits, water and regulated sunstan	CA.	y	У	V	V
7.	All sensors were visually inspected, manually tested, confir	med operational and rocat	1/	V	-	/
8.	The leak monitor console <u>audible</u> alarm is confirmed opera	tional and and 16561.	<u> </u>	- /	Y	
9.	The leak monitor consults is to the leak monitor consults in the leak moni	tional and reset.	<u>y</u>	y	y	y
	The leak monitor console <u>visual</u> alarms are operational and	reset.	Y	y	У	V
10.	The communication equipment (e.g. modem) is operational systems and will relay alarms to a remodem.	l for leak monitoring	4.1	11/	//	
11.	systems and will relay alarms to a remote station. All associated product pump circuits have been de-energized testing exemption.		MA	NB	MA	MA
11.	testing exemption)	ed. (for triennial sump	MA	41	11/	wl
12.	In summary, the leak monitor equipment systems		119	MA	NA	MA
طاله	In summary, the leak monitor equipment systems are confirm per manufacturer's requirements. All sensors are reset and all	ed to be in proper operation	rt	Ven	—	
fvou	you answered No to any of the above they describe					

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.

operation in accordance with Env-Or 400 and manufacturer's requirements.						
Testing Company Name: MB Maintonnee Ine Testing Company Phone #: 403-487-8809						
Testing Company Address: 218 River Rd Nur Boston Technician Name (Print): MARIU BOLDU — Technician Signature: Manu Boldun						
Replaced wiring to s	ensors from building					

Certification - I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper



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



RSA 146-C, Env-Or 406.07, 406.14, 406.15

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

Facility Information							
NHDES	Site # 199107004	acility ID#	acility ID# 011113.5				
Facility							
Physica	Address of Facility: 497 BTE 4	Т	own/City: 🐔	nfiel	el		
Owner	r Information			-			
Name:	Om Shin Corp		j-j-				
Mailing	Address: 497 R4E 21 Enfect	el Ni	H				
Daytim	e Phone: 403) 53/-9/96 Email (Op						
Test Date: 12-8/2021 1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):					ent.):		
2. Te	est Method: 14 y dra						
CONTA	INMENT SUMP INTEGRITY TEST RESULTS: Tank #	3					
3.	Specify if Tank Top , Dispenser, or Transition Sump (TT , D , or $TRANS$)	D	Ð	D	D		
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)	Y	У	Y	y		
5.	Start time of test.	8:10	8:30	9:00	9:20		
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)	alrone penetran	alone	above pendruh	abrage penetral		
7.	End time of test.	11:15	11:30	12:00	12:30		
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest ½ inch) (vacuum: inches water column or hg)	alvore peretists	alme peretrop	alone peretito	abre penetrot		
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	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.



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



RSA 146-C, Env-Or 406.07, 406.14, 406.15

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

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Facilit	y Information				
NHDES	Site # 199107004 Fa	acility ID# 🗷	11/13	35	
Facility Name: Enfeeld Cas+Go					
Physica	al Address of Facility: 497 R + E 4	T	own/City: ¿	Enfice	d
Owne	er Information			/	
Name:			<u> Tanana manaka mana</u>		
Mailin	g Address: 497 Rte 4 Enfield	1 n/ +	7	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Daytin	ne Phone: 42 53/- 9/96 Email (Opti				
	→	orianj.			
Test D	Date: 12-8-2021				
1. C	ontainment model number and manufacturer's name (List out a	II manufactu	rers and mo	dels if differ	ent)·
1000	win	III IIIaiiuiactu	iers and mo	acis ii aiiici	ciic.j.
2. T	est Method: 14 y dro				
CONTA	AINMENT SUMP INTEGRITY TEST RESULTS: Tank #	5	6 A	6B	7
3.	Specify if Tank Top , Dispenser, or Transition Sump (TT, D, or TRANS)	ナナ	ナナ	TT	ナナ
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)	Y	У	У	Y
5.	Start time of test.	11:00	11:30	12:00	12:15
	Liquid or pressure level at beginning of test.	1011	1011	12:00	10%
6.	(hydrostatic: inches to the nearest 1/8 inch)	nenetral.	nenetrota	Apr -	nemita
	(vacuum: inches water column or hg)	Junewila	Junior	0-	/
7.	End time of test.	2:00	2:30	3100	3120
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch)	1 done	about	above	above
	(vacuum: inches water column or hg)	pentral	pentras	perett	nendar
	In summary, the spill bucket is confirmed to be in proper				
9.	operation per manufacturer's requirements.		P	1	1
	Enter "P" for Pass or "F" for Fail	'	/		1

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.

sting Company Name: [n B maintenae] N L Testing Company Phone #: 603-487-2						
ng Company Add	Iress: 218 Rm	ezrá	Nes	- Box	ton	
ician Name (Pri	nt): <u>M ABW</u>	30 lduc	Technicia	nn Signature: _	Mais	Bolder
	when any "No" items will				/	
	17					

<u>Certification</u> - I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper



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

Facility Information

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

	ES Site # / 9 9 10 100 4 Facility ID # 0 / / / 3 5						
Facility	Facility Name: Enfected Clast Co						
Physic	al Address of Facility: 497 BTE4	_		•	Town/City:	Enfie	lel
						U	
	er Information			A			
Name	Chi this corp						
Mailin	g Address: 497 RTE 4	Enlele	rl	N,	4		
Daytin	ne Phone: 413 5-31-9196	Email (Op	tional)	:			
1. Co	Test Date: 12-7-2021						
	est Method: 14 y dro						, et a
	,			,			
SPILL C	ONTAINMENT INTEGRITY TEST RESULTS:	Tank #	5	15	6 A	le B	7
3.	Specify single-walled or double-walled	(SW or DW)	Sw	Su	SW	Sw	SIL
4.	Specify is fill or vapor recovery containment	(F of VR)	F	V	<i>j</i> =	F	F
5.	The primary and secondary containment, if app of debris, water, and regulated substance.	licable, is free (Y or N)	y	y	Y	У	Y
6.	Start time of test.		9:00	9:10	9:15	9:20	9:25
7.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)	ż	for top	0 -	top Top	1 top	top
8.	End time of test.		10:00	10:15	18:15	10.25	10:30
	Liquid or pressure level at end of test.		111	from	1,"	1,11	1!"
9.	(hydrostatic: inches to the nearest 1/8 inch)		bonn	7000 page 100	brown	bron	from
	(vacuum: inches water column or hg)		top	Top	TOP	Top	TOP
	In summary, the spill bucket is confirmed to	be in proper	1	10		0	
10.	operation per manufacturer's requirements.		1	11			1
L	Enter "P" for Pass or "F" for Fail			1	1	/	

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.

<u>Certification</u> – I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements. Testing Company Name: MB Mainterance Inc Testing Company Phone # 603-487-2808 Testing Company Address: 218 Run Rd New Boston Technician Name (Print): MARIO BOLDO Technician Signature: Maca Rolding Certification # 9577793 Expiration Date: 10/15 Description of how and when any "No" items will be corrected: Replaced vapor bucket on #5 tark tested soil around manhole. Cost my reading or stainage



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							
NI	NHDES Site #: /99107004 Facility ID #: 01/1/35						
Fa	cility Name: Enfeeld Gas + Co						
Ph	Physical Address of Facility: 497 Rte 4 Town/City: Enfield						
			/				
	Owner Information						
	ame: Om Shir Corp						
-	alling Address: 497 Bto 4 Enfeeld N. A						
Da	aytime Phone: 103 531-9196 Email (Optional):	p. 40-10-10-10-10-10-10-10-10-10-10-10-10-10			***************************************		
2. Type of overfill device, manufacturer's name, and model number (List out all manufacturers and models if different): 0 Pw 6150							
3. PRIMARY OVERFILL PROTECTION TEST RESULTS: /2-7-202/ Unless otherwise noted, complete the following checklist using:							
Y = Yes, $N = No$, $N/A = Not Applicable$ Tank/Day Tank # 5 6 A 6 B 7							
4.	The overfill console, if equipped, is correctly programmed and labeled.		У	X	y	У	
5.	The overfill device/sensor is positioned in accordance with the activation height requirem of Env-Or 405.06(c) and manufacturer's requirements.	ents	У	y	у	У	
	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.	e	114"	12"	1214	8"	
6.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		У	У	У	У	
7.	The <u>audible</u> alarm, if equipped, is operational and can be heard by delivery person. (Mus be audible for no less than 10 seconds)	:	NA	N/A	NA	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)		NA	NA	NA	Np	
	In summary, the overfill system is confirmed to be in proper operation per manufacture requirements, all devices are reset and alarms have been cleared. Enter "P" for Pass or "F" for Fail.	er's	P	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.

<u>Certification</u> – 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: MB Maintenance 11	Testing Company Phone # <u>603-487-2808</u>					
Testing Company Address: 215 Rune Rd	nu Boston N. A					
Technician Name (Print): MARIO BOLDICE	echnician Signature: Meno Boldun					
Certification # 9577783 Expiration Date: $18/15/2022$						
Description of how and when any "No" items will be corrected:						
Replaced 6150 on #5 tank						