



# 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.

<b>1A. Facility Information</b>	
NHDES Site # <u>199107004</u>	Facility ID # <u>0111135</u>
Facility Name: <u>Enfield Gas &amp; Oil</u>	
Physical Address of Facility: <u>497 Rte 4</u> Town/City: <u>Enfield</u>	
<b>1B. Owner Information</b>	
Name: <u>Om Sher Corp</u>	
Mailing Address: <u>497 Rte 4 Enfield N.H.</u>	
Daytime Phone: <u>603 5-31-9196</u>	Email (Optional):
<b>2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers:</b> <u>DEL 7000 Contec</u>	

Test Date: 12-7-2021

## ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

	TANK/DAY TANK #:	5	6A	6B	7
3. Leak monitor console assignments are correctly programmed and labeled for all sensors.		Y	Y	Y	Y
4. Tank secondary containment sensor is positioned per manufacturer's requirements.		Y	Y	Y	Y
Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all		Y	Y	Y	Y
5. Brine level of the tank interstitial space is within the manufacturers operating range.		N/A	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	Y
7. All sensors were visually inspected, manually tested, confirmed operational and reset.		Y	Y	Y	Y
8. The leak monitor console <u>audible</u> alarm is confirmed operational and reset.		Y	Y	Y	Y
9. The leak monitor console <u>visual</u> alarms are operational and reset.		Y	Y	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	N/A	N/A
11. All associated product pump circuits have been de-energized. (for triennial sump testing exemption)		N/A	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](mailto: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](http://www.des.nh.gov)

**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: MB Maintenance Inc Testing Company Phone #: 603-487-2808

Testing Company Address: 218 River Rd over Boston

Technician Name (Print): MARIO BOLDUC Technician Signature: Mario Bolduc

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

*Replaced wiring to sensors from building*





# 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 # <u>199107004</u>	Facility ID # <u>0111135</u>
Facility Name: <u>Enfield Gas + Oil</u>	
Physical Address of Facility: <u>497 RTE 4</u> Town/City: <u>Enfield</u>	
Owner Information	
Name: <u>Om Skin Corp</u>	
Mailing Address: <u>497 RTE 4</u> <u>Enfield NH</u>	
Daytime Phone: <u>(603) 531-9196</u>	Email (Optional):

Test Date: 12-8/2021

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):

Environ

2. Test Method: Hydro

## CONTAINMENT SUMP INTEGRITY TEST RESULTS:

Tank #

		<u>3</u>			
3.	Specify if Tank Top, Dispenser, or Transition Sump (TT, D, or TRANS)	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
5.	Start time of test.	<u>8:10</u>	<u>8:30</u>	<u>9:00</u>	<u>9:20</u>
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)	<u>10" above penetration</u>	<u>10" above penetration</u>	<u>10" above penetration</u>	<u>10" above penetration</u>
7.	End time of test.	<u>11:15</u>	<u>11:30</u>	<u>12:00</u>	<u>12:30</u>
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)	<u>10" above penetration</u>	<u>10" above penetration</u>	<u>10" above penetration</u>	<u>10" above penetration</u>
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	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>

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](mailto: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





# 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.

Facility Information	
NHDES Site # <u>199102004</u>	Facility ID # <u>011135</u>
Facility Name: <u>Enfield Gas + Oil</u>	
Physical Address of Facility: <u>497 Rte 4</u> Town/City: <u>Enfield</u>	
Owner Information	
Name: <u>Om Shur Corp</u>	
Mailing Address: <u>497 Rte 4 Enfield N.H.</u>	
Daytime Phone: <u>603 531-9196</u>	Email (Optional):

Test Date: 12-8-2021

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):

Environ

2. Test Method: Hydro

CONTAINMENT SUMP INTEGRITY TEST RESULTS:		Tank #	5	6A	6B	7
3.	Specify if Tank Top, Dispenser, or Transition Sump (TT, D, or TRANS)		TT	TT	TT	TT
4.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)		Y	Y	Y	Y
5.	Start time of test.		11:00	11:30	12:00	12:15
6.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		10" above penetration	10" above penetration	10" above penetration	10" above penetration
7.	End time of test.		2:00	2:30	3:00	3:20
8.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		10" above penetration	10" above penetration	10" above penetration	10" above penetration
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.

NHDES email: orcb.wmd@des.nh.gov

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

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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: MBMastercare Inc Testing Company Phone #: 603-487-2805

Testing Company Address: 218 River Rd New Boston

Technician Name (Print): MARIO BOLDE Technician Signature: Mario Bolde

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





# 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 # <u>199107004</u>	Facility ID # <u>0111135</u>
Facility Name: <u>Enfield Gas+Co</u>	
Physical Address of Facility: <u>497 RTE 4</u>	Town/City: <u>Enfield</u>
Owner Information	
Name: <u>Om Shire Corp</u>	
Mailing Address: <u>497 RTE 4 Enfield NH</u>	
Daytime Phone: <u>603 531-9196</u>	Email (Optional):

Test Date: 12-7-2021

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):

Pennco Emco Wheaton

2. Test Method: Hydro

SPILL CONTAINMENT INTEGRITY TEST RESULTS:		Tank #				
		5	5	6A	6B	7
3.	Specify single-walled or double-walled (SW or DW)	SW	SW	SW	SW	SW
4.	Specify is fill or vapor recovery containment (F or VR)	F	V	F	F	F
5.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)	Y	Y	Y	Y	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)	1" from top	1" from top	1" from top	1" from top	1" from top
8.	End time of test.	10:00	10:15	10:15	10:25	10:30
9.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)	1" from top	1" from top	1" from top	1" from top	1" from top
10.	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	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](mailto: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](http://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: MB Maintenance Inc Testing Company Phone # 603-487-2808

Testing Company Address: 218 River Rd New Boston

Technician Name (Print): MARIO BOLDUC Technician Signature: Mario Bolduc

Certification # 9577793 Expiration Date: 10/15/2022

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

Replaced vapor bucket on #5 tank  
tested mid around manhole. Got no 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.**

<b>1A. Facility Information</b>	
NHDES Site #: <u>199107004</u>	Facility ID #: <u>0111135</u>
Facility Name: <u>Enfield Gas + Co</u>	
Physical Address of Facility: <u>497 Rte 4</u> Town/City: <u>Enfield</u>	
<b>1B. Owner Information</b>	
Name: <u>Om 5 Air Corp</u>	
Mailing Address: <u>497 Rte 4 Enfield N.H</u>	
Daytime Phone: <u>603 531-9196</u>	Email (Optional):
<b>2. Type of overfill device, manufacturer's name, and model number (List out all manufacturers and models if different):</b>	
<u>OPW 6150</u>	

### 3. PRIMARY OVERFILL PROTECTION TEST RESULTS: 12-7-2021

Unless otherwise noted, complete the following checklist using:

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

Tank/Day Tank #

		5	6A	6B	7
4.	The overfill console, if equipped, is correctly programmed and labeled.	Y	X	Y	Y
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	Y
	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.	11 1/4"	12"	12 1/4"	8"
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	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	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	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	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.

NHDES email: [orcb.wmd@des.nh.gov](mailto: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](http://www.des.nh.gov)



**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: MB Maintenance Inc Testing Company Phone # 603-487-2808

Testing Company Address: 218 Pine Rd New Boston NH

Technician Name (Print): MARIO BOLDUC Technician Signature: Mario Bolduc

Certification # 9577783 Expiration Date: 10/15/2022

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

Replaced 6150 on #5 tank