

**CERTIFICATE OF STORAGE TANK SYSTEM TESTING**

Crompco, LLC
1815 Gallagher Road
Plymouth Meeting, PA 19462

Phone: (610) 278-7203
Fax: (610) 278-7621

Work Order #720674 Date: Tue Jan 11th, 2022 Reason: Compliance		Client Information Cross America Partners, LP (Jeremy Holland) Invoice # 833782 Permit# P.O.# I220124_000195		Location #NH0018 Cross America Partners, LP BP Service Station 4 Amherst Street Milford, NH 03055 County: Hillsborough State ID: 0113095	
Testing was conducted in accordance with all applicable portions of Federal, NFPA, and local regulations.					
Overfill					
Equip #	Grade	Test	Result		
8	Diesel	Overfill Verification	Incomplete		
10	Regular	Overfill Verification	Incomplete		
Monitor					
Test		Result			
Monitor Inspection		Fail			
Miscellaneous Inspections					
Test		Result			
New Hampshire Yearly Inspection		Completed			

Felix Nguessan
API Worksafe Safety Key# WS-464941df
Veeder Root Certification# B48646
OPW Site Sentinel iSite & Integra 100 Tech# 0159846

Crompco, LLC
1815 Gallagher Road
Plymouth Meeting, PA 19462

BP Service Station
Phone: (610) 278-7203
FAX: 610-278-7621

4 Amherst Street
Milford, NH 03055
State ID: 0113095

Facility/Agency Copy
Site #NH0018 / WO #720674
Tue Jan 11th, 2022

MONITORING SYSTEM CERTIFICATION

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST or AST systems within 30 days of test date.

A. General Information

Facility Name: BP Service Station Bldg. No.: NH0018

Site Address: 4 Amherst Street

City: Milford

Zip: 03055

Make/Model of Monitoring System: Veeder Root TLS-350

Date of Testing/Servicing: 2022-01-11

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced.

Tank ID: 8 (Diesel) Diameter: 91

- ☒ In-Tank Gauging Probe. Model: Magnetostrictive
- ☒ Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor)
- ☐ Interstitial Spill Bucket Sensor . Model:
- ☒ Piping Sump / Trench Sensor(s). Model: 794380-208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Spill Bucket Gauge. Manufacturer:
- ☐ Other:

Tank ID: 10 (Regular) Diameter: 92

- ☒ In-Tank Gauging Probe. Model: Magnetostrictive
- ☒ Interstitial Tank Sensor . Model: Hydrostatic (Brine)
- ☐ Interstitial Spill Bucket Sensor . Model:
- ☒ Piping Sump / Trench Sensor(s). Model: 794380-208
- ☐ Fill Sump Sensor(s). Model:
- ☒ Mechanical Line Leak Detector. Model: STP-MLD
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Spill Bucket Gauge. Manufacturer:
- ☐ Other:

Mechanical / Electronic Leak Detector

Can device detect 3 gallons per hour at 10 pounds per square inch within 1 hour by simulating a leak?

☐ Yes ☐ No ☐ N/A

Does the simulated leak cause an alarm (electronic only)?

☐ Yes ☐ No ☐ N/A

Are there dispensers present? ☒ Yes ☐ No

Dispenser ID: 1/2 (Regular)

- ☒ Dispenser Containment Sensor(s). Model: Discriminating Stand-Alone
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4 (Diesel)

- ☒ Dispenser Containment Sensor(s). Model: Discriminating Stand-Alone
- ☒ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):

☐ System set-up ☒ Alarm history report

Technician Name (print):

Felix Nguessan

Certification No.: Veeder Root Certification# B48646

Testing Company Name: Crompco Corporation Phone No.: 610-278-7203

Site Address: 1815 Gallagher Road, Plymouth Meeting, PA 19462

Date of Testing/Servicing: Tue Jan 11th, 2022

Signature:



D. Results of Testing/Servicing

Software Version Installed: 00000

Complete the following checklist:

Yes	Is the audible alarm operational?
Yes	Is the visual alarm operational?
Yes	Were all sensors visually inspected, functionally tested, and confirmed operational?
Yes	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
Yes	Have all associated product pump circuits been de-energized? (for triennial sump testing exemption)
N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
Yes	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input checked="" type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> N/A.
Yes	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90% If NA, then what is the Primary Method of Overfill: <input type="checkbox"/> Ball Floats <input type="checkbox"/> Overfill Drop Tubes <input type="checkbox"/> Other:
No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water If yes, describe causes in Section E, below.
Yes	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable.
Yes	Is all monitoring equipment operational per manufacturer's specifications?
Yes	Is the battery backup functional?

E. Comments

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.

☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

N/A	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
N/A	Were all tank gauging probes visually inspected for damage and residue buildup?
N/A	Was accuracy of system product level readings tested?
N/A	Was accuracy of system water level readings tested?
N/A	Were all probes reinstalled properly?
N/A	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.
N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
Yes	Was the testing apparatus properly calibrated?
N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
N/A	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Did overall monitor system testing pass?

Fail

Failure Notes:

OUTSIDE AUDIBLE ALARM DID NOT WORK

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Stage I & II **Yearly** **Maintenance Inspections**



Env-Wm 1404 requires owners or operators of a gasoline storage tank at a gasoline dispensing facility or bulk gasoline plant to perform monthly maintenance inspections.

- (1) No later than September 30 of each calendar year; and
- (2) At least 10 months between each inspection

Check when completed

Facility Name: BP Service Station

Insp. Date: 2022-01-11

UST Facility ID Number: 0113095

Name of person conducting inspection: Felix Nguessan

	<i>Tk1</i>	<i>Tk2</i>	<i>Tk3</i>	<i>Tk4</i>	<i>Tk5</i>
(1) Perform all items specified in Stage II Monthly Maintenance Inspection.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) With the exception of swivel adaptors, remove all adaptors from their riser pipes, apply gasoline resistant thread sealant to cleaned threads, thread the adaptors back onto the riser pipe, and tighten in accordance with the manufacturer's recommendations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Replace or permanently plug each drain valve located in each spill bucket.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Measure the distance between the tank bottom and the submerged fill tube end to insure a clearance of 6 inches (no more than 12 inches), than 12 inches), and if necessary, modify the submerged fill tube.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The owner or operator shall document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.


Nov 2004

Crompco, LLC
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 Tue Jan 11th, 2022



CROMPCO

Date: 2022-01-11

Work Order #: 720674

Location #: NH0018

Remote Fill
 Dry Brake

ATG
 Emergency Stop
 Riser
 Anode
 Extractor

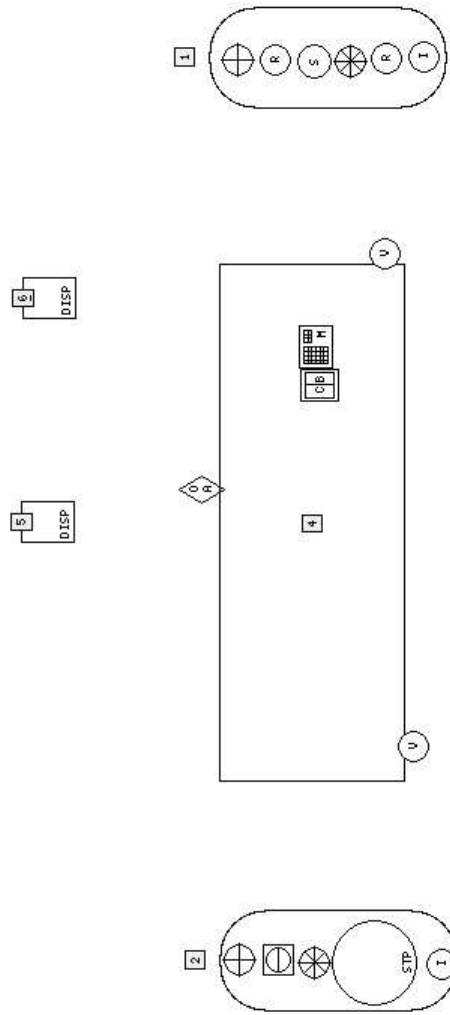
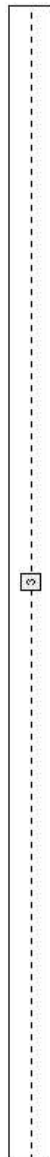
Road
 Block
 Fill
 STP
 CP Junction Box

Fixed Reference Cell
 Stage 1 w/ Extractor
 CP Test Station
 Flapper Direction
 Tank

Circuit Breaker
 Interstitial
 Temp Well Installed
 Compass
 Manway

Vent
 Containment Sump
 Monitor
 Well
 DW Fill

Overfill Alarm
 Dispenser
 Rectifier
 Drop Tank
 Remote Dry Brake



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Site Diagram Labels

- 1: Tank - T-3 Diesel 6K
- 2: Tank - T-1 Regular 10K
- 3: Road - Amherst St.
- 4: Block - Garage
- 5: Dispenser - 1/2 REGULAR
- 6: Dispenser - 3/4 Diesel

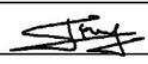
Operator's Checklist

Visual Monthly Inspections

Underground Storage Tank Systems



RSA 146-C:19 and Env-Or 406.18 require monthly and annual visual inspections by or under the direction of the Class A or B operator at an Underground Storage Tank facility.

Date of Inspection: <u>01/07/2022</u>	UST Facility ID Number: <u>198704093</u>
Facility Name: <u>Cross America Partners NH0018</u>	
Name of Class B operator directing the inspection: _____	
Name of person conducting inspection: <u>Felix Nguessan</u>	
Signature of person conducting the inspection: _____ 	

☒ if true ; ☒ if false; **Y** to indicate corrective work was completed; **N/A** if not applicable

Tank # (See OneStop for correct tank numbers):

	8	10			
(1) Each vent riser shows no visible damage.	√	√			
Repaired?					
(2) Each pressure/vacuum vent cap and/or rain cap shows no visible damage.	√	√			
Replaced?					
(3) Each spill bucket shows no presence of oil, water, or debris.	√	√			
Removed and disposed of content in accordance with all applicable federal, state, and local requirements?					
(4) For double-walled spill buckets, including single-walled buckets installed within single-walled sumps, gauge indicates no oil or water, or electronic sensor is not in alarm. **Must be conducted for triennial tightness testing exemption, per Env-Or 406.12(e)**	N/A	N/A			
Removed and disposed of content in accordance with all applicable federal, state, and local requirements? Repaired?					
(5) Each fill adaptor cap , whether coaxial, two-point fill adaptor cap , and/or dry break adaptor cap is not loose, and shows presence of a gasket and tightness of fit.	√	√			
(circle one) Tightened, repaired or replaced?					
(6) Each fill adaptor , whether coaxial, two-point fill adaptor , and/or dry break adaptor shows tightness of fit,	√	√			
(circle one) Tightened or replaced?					
(7) Each fill pipe was free of any obstruction.	√	√			
Obstruction Removed?					
(8) Each dry break poppet valve shows a continuous seal, that depresses evenly across the valve seat, and reseats properly.	N/A	√			
(circle one) Repaired or replaced?					

August 15, 2019

	Tank #:	8	10	1/2	3/4	
(9) Each motor fuel dispenser hose shows no tears, leaks, holes, kinks, crimps or defects of any kind.				√	√	
(circle one) Repaired or Replaced?						
(10) Each motor fuel dispenser nozzle shows no leak or defects of any kind.				√	√	
(circle one) Repaired or Replaced?						
(11) **Annually for All Dispenser Sumps and Cabinets** Each motor fuel dispenser cabinet interior and sump shows no evidence of leaking components and shows no oil, water, or debris present. Last date completed: <u>01/11/2022</u> If checked annually, the last inspection of the dispenser cabinets was conducted on <u>01/11/2022</u>				√	√	
Repair and disposed of content in accordance with all applicable federal, state, and local requirements?						
(12) Each oil transfer and dispensing area shows no presence of oil spills.		√	√	√	√	
Reported and remediate any spill in accordance with all applicable federal, state, and local requirements?						
(13) Each oil transfer and dispensing pad area shows no conditions such as open joints, cracking, spalling, nozzles extending beyond the pad, or other defects		√	√	√	√	
(circle one) Repaired or Replaced?						
(14) Each leak, interstitial and product monitoring system enunciation panel is operating properly, including monitoring systems also associated with day tanks		√	√	√	√	
(circle one) Repaired or replaced?						
(15) **Annually for All Containment Sumps** Each containment sump is free of leaking components and the presence of oil, water, or debris. Last date completed: <u>01/11/2022</u>		√	√	√	√	
Removed and disposed of content in accordance with all applicable federal, state, and local requirements? Repaired?						
(16) **Annually for Double-Walled Sumps Only** Each interstitial space is free of any oil or water. Last date completed: _____		N/A	N/A	N/A	N/A	
Removed and disposed of content in accordance with all applicable federal, state, and local requirements? Repaired?						
(17) **Annually for Double-Walled Sumps and Spill Buckets Only** Remove and inspect each sensor/gauge for proper length and functionality. Last date completed: _____		N/A	N/A	N/A	N/A	
(circle one) Repaired or replaced?						

The certified operator shall document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records for a period of no less than 3 years.

Please attached any repair or maintenance notes to this monthly inspection form.



TEST RESULTS

January 25th, 2022

Department of Environmental Services
UST Program
6 Hazen Drive
P.O. Box 95
Concord, NH 03302-0095

Test Results - UST Testing

Dear Sir / Madam:

Enclosed are copies of the test results performed by Crompco at the location listed below. On behalf of our customer, these results are being submitted to you in accordance with local regulations. Copies of the test results were also sent to the facility to be retained at the location in case an inspection would occur by a state or local agency.

ID Numbers	Address	Test Date	Crompco Work Order	Test(s) Performed
Location: NH0018 UST: 0113095	4 Amherst Street Milford, NH 03055	Tue Jan 11th, 2022	720674	New Hampshire Yearly Inspection Monitor Inspection Overfill Verification

If you should have any questions regarding the tests enclosed, please contact Crompco at 1-800-646-3161.

Sincerely,

Diane Loughrey
Compliance Administrator

```
SELECT pc.certs, pc.expiration FROM crompco.person_certs pc WHERE pc.personid = '2747' AND pc.complianceid = '14' AND certs like '%Veeder Root%'
```



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 state 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 THE NHDES WITHIN 30 DAYS AFTER TESTING.

Keep a completed copy of this for owner/operator records.

1A. Facility Information	
NHDES Site # 0113095	Facility # NH0018
Facility Name: BP Service Station	
Physical Address of Facility: 4 Amherst Street	Town/City: Milford
1B. Owner Information	
Name: Cross America Partners, LP	
Mailing Address MOVED NOTICE RCVD 3/27 645 W HAMILTON ST STE 500 ALLENTOWN PA 18101-2469 ALL MAIL SHOULD GO TO THIS LOCATION	
Daytime Phone:	Email (Optional):
2. Leak monitor protection equipment (List all tested with manufacturer name and model numbers: Veeder Root / TLS-350	

Test Date: Tue Jan 11th, 2022

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

	TANK/DAY TANK #:	10	8
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y
4.	Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	Y
	Piping secondary containment (piping, intermediate, and/or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	Y	Y
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	Y	Y
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>visuals</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.	NA	NA
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	N	N
12.	In summary , the leak monitor 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.

2019-05-01

NHDES email: orbc.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

Page 1 of 2

Certification - I hereby certify that the equipment identified in this document was tested for proper operation in accordance with the manufacturer's requirements.

Testing Company Name: Crompco, LLC

Testing Company Phone # (610) 278-7203

Testing Company Address: 1815 Gallagher Road / Plymouth Meeting / PA / 19462

Technician Name (Print): Felix Nguessan

Certification # B48646

Expiration Date: 2022-08-20

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

2019-05-01

NHDES email: orbc.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

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September 2013

NH DEPARTMENT OF ENVIRONMENTAL SERVICES
OIL REMEDIATION AND COMPLIANCE BUREAU
PO BOX 95
CONCORD, NH 03302-0095 (603) 271-3899 Fax # (603) 271-2181



**TANK AND PIPING TIGHTNESS TESTING FORM
FOR AST AND UST SYSTEMS**

N.H. Code of Administrative Rules Env-Or 400 and Env-Wm 1402 or Env-Or 300

The New Hampshire Department of Environmental Services has developed this form to help you document the reporting requirements for tank and piping tightness testing at this storage tank facility. Please consult with the applicable rules (Env-Or 406.11(b) for UST, Env-Wm 1402 or Env-Or 300 for AST).

Facility Name: BP Service Station DES Facility # 0113095

Facility Address: 4 Amherst Street City Milford Zip: 03055

Where required by rules, the tightness testing method shall have been evaluated by an independent testing laboratory and demonstrated to meet the leak rate criteria. The tightness test shall be capable of detecting a system leak rate of 0.10 gallons per hour with a probability of detection of 0.95 and a probability of false alarm of 0.05. The test report and any other documents describing the type of test, contractor, date, materials, all technician testing data, and any other information pertinent to the tightness testing performed shall be kept by the owner for the life of the system. **The test results shall be submitted by the owner to the division no later than 30 days after the date of the test.**

System Information: UST ☒ AST ☐

Tank Number: (for split tanks use I(a), (b))
Component(s) Being Tested: (Please Circle One) (Tank = T) (Piping = P) (Full System = FS)
Date Installed:
Product Stored: (gas, diesel, etc)
Tank and/or Piping Material: (fiberglass, steel, etc.)
Tank or pipe Capacity: (gallons) (gallons)
Please include a drawing of the facility or other information so that the tank or piping in question can be properly located or identified. (As needed, for sites with multiple tanks or conflicting registered tank ID numbers.)
Test Information:
Method Used: (Estabrook, EZY 3 Locator etc.)
Temperature Measuring Equipment and method:
Start Time:
End Time:
Start Pressure (Include Units):
End Pressure (Include Units):
Re-leveling Procedure Used:
Groundwater Level and/or Water Sensor Used:
Length of any waiting periods after product delivery, topping or vapor space disturbances
Vapor Pocket Measurement and Elimination
Procedure Used:
Piping, Fittings, or Connections that were tightened or repaired (Please Describe):
September 2013
Test Results: (Please Circle One)

Please include a copy of the field technicians testing records when submitting this test report.

A leak or failure shall be indicated by a test result of 0.10 gallons per hour or greater or an inconclusive test result. The person conductin the tightness test shall notify the department and facility owner and operator immediately of a system tightness test failure. An investigation shall be conducted within 7 days of the initial test failure to determine the cause of the failure which shall include a second confirming tightness test. The owner shall submit a written report to the department within 30 days of the failure that describes the work performed, the repairs made, and any other actions taken in response to the test failure.

Verification - I hereby certify the validity, method, and accuracy of the tets, that the test complies with the requirements of Env-Or 400 or Env-Wm or Env-Or 300 as applicable, and that I am qualified to perform this test.

Technician Name (print): Felix Nguessan



Signature:

Date: Tue Jan 11th, 2022 Date of Test: Tue Jan 11th, 2022

Testing Company Name: Crompco LLC

Testing Co. Address / State / Zip: 1815 Gallagher Road, Plymouth Meeting PA 19462

Phone No: (610) 278-7203

Testing Equipment Manufacturer: Estabrooks Inc. (EZY-3); Purpora Engineering (Petro-tite)

Last Calibration or Maintenance Date of Equipment: Ezy-3 Locator Plus ()

Tester Certification Number:



Triennial Overfill Prevention Device Testing Form For Underground Storage Tank Systems Waste Division/Oil Remediation and Compliance Bureau



RSA/Rule: RSA 146-C, Env-Or 400

Facility Name: BP Service StationUST Facility ID No.: 0113095Facility Address: 4 Amherst StreetCity: MilfordZip: 03055UST System Owner Name: Cross America Partners, LPOwners Daytime Phone Number: 717-576-1237Owner Address: 600 West Hamilton St, Allentown, PA 18101**A. Primary overfill Protection Test Results**

1. Type of overfill device, manufacturer's name and model number (List out all manufacturers and models if different):

8 -

10 -

Unless other noted, complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

		Tank #	8	10
2.	The overfill console, if equipped, is correctly programmed and labeled.		N/A	N/A
3.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements		N/A	N/A
4.	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form.		0	0
5.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.		N/A	N/A
6.	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
7.	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
8.	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.		F	F

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.

Comments:**B. 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.

Tester Name(print) Felix NguessanCompany Name: CrompecoCompany Address / State / Zip: 1815 Gallagher Road, Plymouth Meeting, PA 19462

Tester's Signature:

Phone No.: 800-646-3161Test Date: 2022-01-11**C. Record Keeping and Reporting Instructions**

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.
orcb.wmd@des.nh.gov (603) 271-3899
 PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

YYY-MM-DD

Work Ticket #:
PO #: I220124_000195
Address: 4 Amherst Street Milford, NH 03055
Station #: NH0018
Service Date: 01/11/2022

Parts Sold

Quantity Sold	Part Name	Manufacturer	Part #	Description
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Service Details

Crompco was on site performing testing, repairs, calibration and/or inspections for the following reason:

Compliance

Comments

Gallons Pumped:

Site Arrival Time:

08:30:00

Site Depart Time:

10:30:00

Confirmation

By signing this verification you are agreeing that Crompco LLC performed various compliance testing and/or repairs and replaced parts as listed above.

Printed Name

Email

Signature

- ☐ Signature captured
☐ Refused to sign
☒ No one available to sign