

## REGISTRATION OF UNDERGROUND STORAGE TANK (UST) SYSTEMS OIL REMEDIATION AND COMPLIANCE BUREAU



STATE USE ONLY

RSA 146-C:3, Rule: Env-Or 404

ATTENTION: This form is a document used to fadilitate 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 shaple additional sheets to this form.  Also, provide a site plan and facility layout. (May be an accurate hand sketch).  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.  I. OWNERSHIP OF TANE(S)  Shree Sai LLC  Dons Mart  Facility Name  Prashant Gandhi  Mailing Address  219 Main Street  In H  Jasat  Jap Code  Jamand Street  Jap Code  Jamand Street  Jap Code  Jap Code  Jamand Street  Jamand Street  Jap Code  Jamand Street  Jap Code  Jamand Street  Ja			INSTRUCT	TONS				SIAIE	OSE UNLI
for each location containing underground storage tanks. If more than four (a) U33 are Owned at this location, photocopy the followings sheets, and skaple 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.  I. OWNERSHIP OF TANK(S)  Shree Sai LLC  Dons Mart  Facility Name  Facility Name  Facility Name  Prashant Gandhi  Mailing Address  NH  O3841  219 Main Street  NH  O3841  219 Main Street  NH  O3841  219 Main Street  NH  O3841  I. LAND OWNER (if different than Tank Owner)  Shree Sai LLC  Mailing Address  11. LAND OWNER (if different than Tank Owner)  Contact Name and Title  Shree Sai LLC  Mailing Address  129 Main Street  NH  O3841  129 Main Street  NH  O3841  NP- Person Responsible for Maintenance & Regulatory  Compliance  Compliance  City  Main Street  NH  O3841  129 Main Street  NH  O	Please type or print in ink all	tems	excent "signatur	e" in Se	ection VII. Thi	is form must be comp		Received:	
Also, provide a site plan and facility layout. (May be an accurate hand sketch).  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.  I. OWNERSHIP OF TANKS)  Shree Sai LLC  Tank Owner Name  Prashant Gandhi  Mailing Address  19 Main Street  NH  03841  219 Main Street  NH  03841  219 Main Street  State  Vin Person Responsible for Maintenance & Regulatory  Compliance  Land Owner Name  Phone Number (include area code)  Final Address  NH  03841  219 Main Street  NH  03841  219 Main Street  Contact Name and Title  Shree Sai LLC  Mailing Address  10 Main Street  NH  03841  219 Main Street  NH  03841  04 Main Street  NH  03841  04 Main Street  NH  03841  04 Main Street  NH  04 Main Street	for each location containing I	underground storage tanks. If more than four (4) USIS are owned at					ed at Site	#:	
Also, provide a site plan and facility layout. (May be an accurate name sector).  If ownership is changing, please submit a completed Statement of Training form designating your lass A and 8 operators.  I. OWNERSHIP OF TANK(S)  Shree Sai LLC  Jons Mart  Facility Name  Prashant Gandhi  Mailing Address  219 Main Street  NH  O3841  NH  O3841  Ounty  Person Responsible for Maintenance & Regulatory  Compliance  Land Owner Name  Shree Sai LLC  Mailing Address  NH  O3841  O3841  Shree Sai LLC  Mailing Address  Phone Number (Include area code)  Email Address  V. Type of Facility  Federal – Non-Military  Auto Dealership  Federal – Non-Military  Auto Dealership  Federal – Non-Military  Auto Dealership  Federal – Non-Military  Motor Fuel Dispensing  Other (explain):  Commercial  Ommercial  Ommercial  Ommercial  Federal – Non-Military  Motor Fuel Dispensing  Other (explain):  Fede	this location, photocopy the	ollow	ing sheets, and s	taple a	dditional sne	ets to this ionii.	<del></del>	litv#	
In the complete of training form designating your class A and B operators.   In the complete of training form designating your class A and B operators.	Also, provide a site plan and	facilit	ty layout. (May b	e an a	ccurate hand	sketch).			Closed Tanks:
II. LOCATION OF TANK(S)   Shree Sai LLC   Dons Mart   Facility Name   Facility		se su	bmit a complete	d State	ment of Trair	ning form designating	your ACIN	e ranks.	Closed runks.
Dons Mart	class A and B operators.	ļ							
Shree Sai LLC Tank Owner Name Prashant Gandhi Mailing Address 219 Main Street NH 03841 219 Main Street NH 03841 County Hampstead Phone Number (include area code) Email Address  Street Address County IV. Person Responsible for Maintenance & Regulatory Compliance  Land Owner Name Contact Name and Title Shree Sai LLC Mailing Address Stree Sai LLC Mailing Address 219 Main Street NH 03841 219 Main Street NH 03841 City State Zip Code Hampstead Phone Number (include area code) Email Address Phone Number (include area code) Federal Gov't State Size Sai Local Government Federal Gov't State Commercial Com	OWNEDSHIP GETAN	Ne)				II. LOCATION OF	TANK(S)		
Facility Name   Street Address   Street Address   Street Address   State   Zip Code   City   State   Zip Code   City   State   Zip Code   Hampstead   Facility Name   Facility   F				A Page		Dons Mart			
Prashant Gandhi Mailing Address 219 Main Street NH 03841 219 Main Street NH 03841 219 Main Street NH 03841 NH 03841 219 Main Street NH 03841 NH 03841 NH 03841 NH 03841 NH 03841 NH		<del> </del>				Facility Name			
Street Address   Stre									
State   Zip Code									100044
City   State   Zip Code   City   State   Zip Code   City   State   Zip Code   City   State   Zip Code   County			NH		03841	219 Main Street	t		
Hampstead   Phone Number (include area code)   Email Address   County   V. Person Responsible for Maintenance & Regulatory   Compliance   Contact Name and Title   Shree Sai LLC   Mailing Address   Shree Sai LLC   Mailing Address   State   Zip Code   City   State   Zip Code   Zip		-	State		Zip Code	City		State	Zip Code
Phone Number (include area code)   Email Address   W.   Person Responsible for Maintenance & Regulatory   Compliance		T				Hampstead			
Land Owner Name		de)	Email Address			County			
Land Owner Name  Shree Sai LLC  Mailing Address  19 Main Street  NH  03841  219 Main Street  NH  03841  21p Code  NH  03841  04p Code  NH  04p			nt than Tank O	wner)			insible for M	aintenance d	& KeBnistorA
Shree Sai LLC  Mailing Address  NH 03841 219 Main Street NH 03841  219 Main Street NH 03841  State Zip Code City State Zip Code  Hampstead Phone Number (include area code) Email Address  V. Type of Owner V. Type of Facility  Federal Gov't Air Taxi Farm or Residential Local Government Trucking/Transportation  State Gov't Air Taxi Federal - Military Petroleum Distributor Utilities  Local Gov't Auto Dealership Federal - Non-Military Motor Fuel Dispensing Other (explain):  Commercial Commercial Gas Station Railroad  Private Contractor Industrial State Government  VII. CERTIFICATION  I Certify under penalty of law that I have personally examined and am familiar with 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.  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed						Compliance			
Shree Sai LLC  Mailing Address  NH 03841 219 Main Street NH 03841  219 Main Street NH 03841  State Zip Code City State Zip Code  Hampstead Phone Number (include area code) Email Address  V. Type of Owner V. Type of Facility  Federal Gov't Air Taxi Farm or Residential Local Government Trucking/Transportation  State Gov't Air Taxi Federal - Military Petroleum Distributor Utilities  Local Gov't Auto Dealership Federal - Non-Military Motor Fuel Dispensing Other (explain):  Commercial Commercial Gas Station Railroad  Private Contractor Industrial State Government  VII. CERTIFICATION  I Certify under penalty of law that I have personally examined and am familiar with 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.  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed									
Mailing Address  219 Main Street  NH  03841  21p Code  Email Address  Phone Number (include area code)  Email Address  Phone Number (include area code)  Email Address  Phone Number (include area code)  Email Address  Trucking/Transportation  Utilities  Utilities  Other (explain):  Auto Dealership  Federal – Non-Military  Petroleum Distributor  Utilities  Other (explain):  NH  NH  NH  NH  Other (explain):  NH  NH  NH  NH  NH  NH  NH  NH  NH  N	Land Owner Name						itle		
Mailing Address  219 Main Street  NH  03841  219 Main Street  NH  03841  City  State  State  State  State  State  State  Hampstead  Phone Number (include area code)  Email Address  Phone Number (include area code)  Federal Gov't  State Gov't  Air Taxi  Federal Gov't  Air Carft Owner  Federal - Military  Federal - Non-Military  Motor Fuel Dispensing  Other (explain):  Commercial  Private  Contractor  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.  Printed Name and Title of Owner or Owner's Authorized  Signature  NH  O3841  219 Main Street  NH  O3841  State  State  I cold Government  Trucking/Transportation  Utilities  Trucking/Transportation  Utilities  Other (explain):  Railroad  State Government  VII. CERTIFICATION  State Government	Shree Sai LLC								
State   State   Zip Code   City   State   City   Cit	Mailing Address							NILL	02841
City   State   Zip Code   City   Ci	219 Main Street		NH		03841		et		
Phone Number (include area code)    Phone Number (include area code)   Email Address	City		State		Zip Code			State	Zip code
Phone Number (include area code)   Email Address   Priorie Number (include area code)   Priorie Number (include area	Hampstead							Franil Addros	<u></u>
Federal Gov't Air Taxi Farm or Residential Local Government Trucking/Transportation  State Gov't Aircraft Owner Federal – Military Petroleum Distributor Utilities  Local Gov't Auto Dealership Federal – Non-Military Motor Fuel Dispensing Other (explain):  Commercial Commercial Gas Station Railroad  Private Contractor Industrial State Government  VIL CERTIFICATION  Local Gov't Auto Dealership Federal – Non-Military Motor Fuel Dispensing Other (explain):  Commercial Gas Station Railroad  VIL CERTIFICATION  Local Gov't Hotel Dispensing Other (explain):  Note of Commercial Gas Station Railroad  VIL CERTIFICATION  Federal – Non-Military Hotel Dispensing Other (explain):  Note of Commercial Gas Station Railroad  State Government  VIL CERTIFICATION  Federal – Non-Military Hotel Dispensing Other (explain):  Note of Commercial Gas Station Railroad  Note of Commercial Gas Station Railroad  Federal – Military Petroleum Distributor  Utilities  Other (explain):  Note of Commercial Gas Station Railroad  Non-Military Hotel Dispensing Other (explain):  Note of Commercial Gas Station Railroad  Note of Commercial Gas Station		ode)				Phone Number (inclu	ude area code)	Email Address	5
Federal Gov't  State Gov't  Air Taxi  Federal – Military  Federal – Military  Federal – Mon-Military  Motor Fuel Dispensing  Other (explain):  Commercial  Private  Contractor  Industrial  State Government  VII. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with 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.  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed	V. Type of Owner \	. Ty	rpe of Facility			<del> </del>		. — —	Trucking/Transportation
State Gov't	Federal Gov't					Siderition		=	-
Local Gov't	State Gov't	] /	Aircraft Owner			villicary		Juto	<del></del>
Commercial   Com	Local Gov't	] /	Auto Dealership					Straing []	Other (explain).
VIL CERTIFICATION  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.  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed		<b>‡</b> ) (	Commercial		Gas Statio	· —			
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.  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed	☑ Private     ☐	] (	Contractor				ate Governme	nt	
that based on my inquiry of those individuals immediately responsible for obtaining the information, received the statements.  PRASHANT GADKI  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed					VII. CER	TIFICATION	الممغوني المنافية	in or with this	registration form, and
Printed Name and Title of Owner or Owner's Authorized  ACCURATE AND LET  Signature  Date Signed	I certify under penalty of law	that	have personally	examin	ed and am fan	niliar with the informat	tion submitteu ation I believe	that the submi	itted information is true,
PRASHANT GANDET  Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed	that based on my inquiry of	those	individuals immed	iately	esponsible to Le nenalties sr	r obtaining the information and a secified in RSA 641:3 fo	or making unsw	orn false state	ments.
Printed Name and Title of Owner or Owner's Authorized  Signature  Date Signed	accurate and complete. I und	persta	na that i am subje	ינו נט נו	ie heijairies st	1			_ 1. 1 _
Printed Name and Title of Owner's Authorized Signature Date Signed	PRASHANT	1	THELAT			4			2/14/2022
Representative			ner or Owner's	Author	ized	Ciana	iture		Date Signed
	Rep	resen	tative			Signa	icai c		

orcb.wmd@des.nh.gov

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

VIII DECERID	IPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)							
Tank Identification Number			Tank No.	Tank No.	Tank No.	Tank No.		
List compartment Tank System	k Identification Number compartment Tank System No. as 1a, 1b, 2a, 2b etc.			4	5			
· · · · · · · · · · · · · · · · · · ·					$\boxtimes$			
1. Status of Tank (mark or	Date Temporar							
	(less than 1" of substance							
	Date Permanent		11/30/2021	11/30/2021				
	(removed or filled	in place)	11/30/2021					
	Date of Amended Info	ormation						
2. Date of Installation/Ag					1996			
3. Compartment Tank								
(List each tank's compartment	(gallons) in separate co	olumn)						
4. Estimated Total Capaci	ty (gallons):				6,000			
(Identify tanks that are siphor	ed together)							
5. Substance Currently or	Last Stored	- " - " - " - "						
	Heating Oil (#		г					
	1	ation Gas	님		H			
		Biodiesel	님					
	Emergency Gener				$\bar{\Pi}$			
	e	Empty			Regular			
Gasoline (speci	fy grade: Reg, Mid, Su	Jet Fuel	П					
		ł	H					
		Kerosene   ication Oil	H					
	1	Methanol	퓜	l				
	Off Road Diese		H					
	Petroleum Distillate		H					
	1		吕	l F				
	Racing Fue Unknown Substanc							
	1	/Waste Oil						
	I I		<b>1.</b> —1			į		
Hazar	dous Substance, Pleas	se specify.						
	Other, Pleas	co Specify:						
	Other, Fleat	se specify.						
			SW DW	SW DW	SW DW	SW DW		
6. Tank Material	gle Wall (SW)/Double	Wall (DW)						
Sin	Cathodically Prote							
		Composite	1					
		Fiberglass						
		Steel						
		Jacketed						
		Concrete				ᅵ		
		Lined						
		Unknown				<u> </u>		
	Other, Plea	ase Specify:						
					CIAL DIAL	SW DW		
7. Piping Material			SW DW	SW DW	sw DW			
						Pri Sec		
			Pri Sec	Pri Sec	Pri Sec	+ + + + + + + + + + + + + + + + + + + +		
	Cathodically Prot							
		Flexible	1					
		Fiberglass						
	<u>.</u>	Copper	ON CONTINUED O	N NEXT PAGE)	, . ,	, ,		
	(PI	IPING SECTI	OIA COM LIMOED C					

orcb.wmd@des.nh.gov Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964 Telephone: (603) 271-3899

			Tank No.		Tank No.		Tank No. 5		Tank No.	
	2)	-	Pri	Sec	Pri	Sec	Pri	Sec	Pri	Sec
7. Piping Material (Cont. fi	rom page 2)	Steel PVC HDPE								
O	ther/Unknown, Pleas	<del> </del>	<u> </u>							
	uction (no check valv Suction (check valv Leak Detector (man	e at tank) Pressure Gravity Siphon ufacturer)					1996			
	Date	Installed								
••	(date)						1550			
10. Primary Overfill Device	Automatic Shut Audible High-Le Other, Plea	evel Alarm								
11. Inventory Monitoring		<u> эс орози,</u>		Y 🗌 N		/ 🗌 N	⊠Y	′ 🗌 N		Y 🗌 N
12. Release Detection	k Gauge (date & man	ufacturer)					Veeder	Roor		
	rstitial Monitor (mar			· · · · · · · · · · · · · · · · · · ·			Veeder	Root		
Piping Inte	rstitial Monitor (mar	ufacturer)					Veeder	Root		
	Groundwater Line Tig	Monitoring Monitoring ntness Test nk Gauging Other								
13. Corrosion Protection	Sacrifi	cial Anodes		☐ T ☐ P ☐ F	□ T □ P □ F		☐ T ☐ P ☐ F			□ T □ P □ F
(Tank = T; Piping = P; Flex Conn or Fittings = F)	Impressed Curre			☐ T ☐ P ☐ F		□ T □ P □ F □ T		∏ T ∏ P ∏ F ∏ T		∏ T ☐ P ☐ F ☐ T
		Other	-	T P F		□ ' □ P □ F		☐ P ☐ F		☐ P ☐ F
14. Tightness Testing	Tank	Date								
14. Highthess resum	Tarik	Results								
	Piping	Results			+					
15. System Has tank been repa		<u></u>								
	Has piping be									

orcb.wmd@des.nh.gov Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964 Telephone: (603) 271-3899

		ix.	<u>OWNERS</u>	FINANCIAL RESI	SONZIBILITA				
Env-Or 404.12 Finan	icial Responsibil	ity.					_		
(a) Owners of UST implementation	facilities shall m	aintain financial n neasures, and con	esponsibility pensation f	y for costs associate for third party dama	d with the clear ges in the amou	oup of releases from UST sys unt equal to or greater than	tems, the		
(2) An a	nnual aggregate	of:							
a. \$1	1,000,000 if one	to 100 UST system or more UST system	ns are owne oms are owl	ea; or ned.					
0.54	2,000,000 ii 101	bility required sh	Il not limit	the liability of an ow	ner or operato	r for damages caused by a re	lease.		
(b) The amount of fi	inanciai responsi	mansibility may be	a catisfied if	the owner of a faci	lity is eligible fo	r reimbursement of costs as	sociated with		
(c) The requirement cleanup of releases	from systems, u	nder RSA 146-D, F	SA 146-E, c	or RSA 146-F.	,				
						inistrative Rules: Yes	□ No □		
I have met the fin									
Х. Р	INAL CERTIFI	CATION (For a	l installa	tions requiring c	onstruction (	approval per Env-Or 40	7.01)		
5: 1 - +: £:+:	may be compl	ated by either a	New Ham	nshire PE or the IC	CC certified tai	nk installer. Final certifica	tion snall only be		
provided at the ti	me of registrat	tion if the instal	ation is co	mplete. Otherwise	e, final certific	ation may be provided via	separate letter		
when the installa	tion has been o	completed.		741. 4	L - d - n - et en or	st's approved plans or as-	huilt record		
I certify that the i	nstallation has	been complete	d and is in	accordance with t	ne departmen	nt's approved plans or as-	Dune record		
drawings and all	terms and cond	aitions of the de	partinent :	ο αμριοναί.					
				Sign	nature		Date		
	int Name			OR, ICC:	lature				
NH PE:	License Numbe	er Exp	Certificat			tion # for UST Expiration Date			
	X			APOR RECOVER)					
		Annua	Gasoline	Throughput* - All	Grades of Gas		I		
	Year	Total Through	put (gal)		Year	Total Throughput (gal)			
	*Throughput	required for far	ilities with	। only Stage I equip	ment		_		
		required joi jud		Stage II		Equipme	nt		
	Stage I		T			Total # of Dispensers:			
Coaxial:			Type Equipment:			Total # of Nozzles:	İ		
Two Point:					Total # of Gas Tanks:				
Dry Break o	n Manifold:					Total # Of Gas Tarks			
Other:									
Date of Inst	allation:		Date of I	nstallation:					
Installer:			Installer	:					
L									

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

http://www.des.nh.gov/