



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



RSA 146-C:3, Rule: 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.

INSTRUCTIONS	STATE USE ONLY	
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.	Date Received:	
	Site #:	
	Facility #	
	Active Tanks:	Closed Tanks:

I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK(S)		
Shree Sai LLC			Dons Mart		
Tank Owner Name			Facility Name		
Prashant Gandhi					
Mailing Address			Street Address		
219 Main Street	NH	03841	219 Main Street	NH	03841
City	State	Zip Code	City	State	Zip Code
Hampstead			Hampstead		
Phone Number (include area code)			County		
Email Address					
III. LAND OWNER (if different than Tank Owner)			IV. Person Responsible for Maintenance & Regulatory Compliance		
Land Owner Name			Contact Name and Title		
Shree Sai LLC			Shree Sai LLC		
Mailing Address			Mailing Address		
219 Main Street	NH	03841	219 Main Street	NH	03841
City	State	Zip Code	City	State	Zip Code
Hampstead			Hampstead		
Phone Number (include area code)			Phone Number (include area code)		
Email Address			Email Address		

V. Type of Owner	VI. Type of Facility			
<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> Air Taxi	<input type="checkbox"/> Farm or Residential	<input type="checkbox"/> Local Government	<input type="checkbox"/> Trucking/Transportation
<input type="checkbox"/> State Gov't	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Federal – Military	<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Utilities
<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Federal – Non-Military	<input type="checkbox"/> Motor Fuel Dispensing	<input type="checkbox"/> Other (explain):
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Contractor	<input type="checkbox"/> Industrial	<input type="checkbox"/> State Government	

VII. 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.

<u>PRASHANT GANDHI</u> Printed Name and Title of Owner or Owner's Authorized Representative	 Signature	<u>2/14/2022</u> Date Signed
--	---------------	---------------------------------

VIII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)									
Tank Identification Number		Tank No. 3		Tank No. 4		Tank No. 5		Tank No.	
List compartment Tank System No. as 1a, 1b, 2a, 2b etc.		3		4		5			
1. Status of Tank (mark only one)		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Currently in Use									
Date Temporary Closed (less than 1" of substance stored)									
Date Permanently Closed (removed or filled in place)		11/30/2021		11/30/2021					
Date of Amended Information									
2. Date of Installation/Age of Tanks						1996			
3. Compartment Tank (List each tank's compartment (gallons) in separate column)									
4. Estimated Total Capacity (gallons): (Identify tanks that are siphoned together)						6,000			
5. Substance Currently or Last Stored									
Heating Oil (#2, #4, #6)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Aviation Gas		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Biodiesel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Generator Fuel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Empty		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (specify grade: Reg, Mid, Super, etc.)						Regular			
Jet Fuel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lubrication Oil		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Methanol		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Off Road Diesel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Petroleum Distillate		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Racing Fuel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown Substance		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Used/Waste Oil		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hazardous Substance, Please Specify:									
Other, Please Specify:									
6. Tank Material		SW DW		SW DW		SW DW		SW DW	
Single Wall (SW)/Double Wall (DW)		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Cathodically Protected Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Composite		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fiberglass		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Jacketed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lined		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unknown		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other, Please Specify:									
7. Piping Material		SW DW		SW DW		SW DW		SW DW	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Pri Sec		Pri Sec		Pri Sec		Pri Sec	
Cathodically Protected Steel		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Flexible		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Fiberglass		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
Copper		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

(PIPING SECTION CONTINUED ON NEXT PAGE)

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/

		Tank No.		Tank No.		Tank No. 5		Tank No.		
		Pri	Sec	Pri	Sec	Pri	Sec	Pri	Sec	
7. Piping Material (Cont. from page 2)	Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	HDPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other/Unknown, Please Specify									
8. Piping System	Suction (no check valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Suction (check valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Siphon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Line Leak Detector (manufacturer)									
Date Installed						1996				
9. Spill Bucket Installed (date)										
10. Primary Overfill Device (date)	Ball Float	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Automatic Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Audible High-Level Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other, Please Specify									
11. Inventory Monitoring is being done		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
12. Release Detection	Automatic Tank Gauge (date & manufacturer)					Veeder Root				
	Tank Interstitial Monitor (manufacturer)					Veeder Root				
	Piping Interstitial Monitor (manufacturer)					Veeder Root				
	Vapor Monitoring									
	Groundwater Monitoring									
	Line Tightness Test									
	Manual Tank Gauging									
	Other									
	13. Corrosion Protection	Sacrificial Anodes	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	
<input type="checkbox"/> P			<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P			
<input type="checkbox"/> F			<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F			
(Tank = T; Piping = P; Flex Conn or Fittings = F)		Impressed Current	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T		
			<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P		
			<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F		
	Other	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T			
		<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P			
		<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<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**Env-Or 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) \$1,000,000 per occurrence; and
 - (2) An annual aggregate of:
 - a. \$1,000,000 if one to 100 UST systems are owned; or
 - b. \$2,000,000 if 101 or more UST systems are owned.
- (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 146-D, 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 all 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:

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/>