#### 02/25/2022

#### Dear Sir/Madam

This is Prashant Gandhi, conforming that Class C Operators list and Class C Operators Guidelines posted at Don's mart 219 Main st, Hampstead, NH.

Please contact me if you have any question.

(1)

Prashant Gandhi 9784950438

### List of Class C Operators

| Facility ID 0110065           |              |
|-------------------------------|--------------|
| Facility Name SHAFE SAT LLC   | DON'S MARLET |
| Facility Location 219 MAIN ST |              |
| Facility Town / HAMPSTEAD NH  | 03841        |
| Owner PRASHANT GANDHE         | · •          |

| C Operator Name     | Date of Training | Exp. Date  | Training Program                  | Name of Trainer |
|---------------------|------------------|------------|-----------------------------------|-----------------|
| DIPERDAY<br>ACHARTA | 02/20/2022       | 02/18/2024 | OPERATOR<br>REPORSE<br>COIDEURIES | PRASHANT GANDHI |
|                     |                  |            |                                   |                 |
|                     |                  |            |                                   |                 |
|                     |                  |            |                                   |                 |
|                     |                  |            |                                   |                 |
|                     |                  |            |                                   |                 |

### **Operator's Checklist**

## Visual Monthly Inspections Inderground 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: 31 09 20  | UST Facility ID Number: _  | 0110065   |
|---|--|-----------|
| cacility Name: Dod'S MAR  |  |           |
| <br>  Name of Class B operator directing the inspe  | ection: PRASIMAL GAR   | DUL       |
| Name of person conducting inspection:   | PROMIT CANDED  |           |
| Signature of person conducting the inspection   | <b>!</b>   |           |
| ☑ if true; ❷ if false; Y to indicate corrective   | work was completed; <b>N/A</b> if not applicable   |           |
|   | Tank # (See OneStop for correct tank numbers):   |           |
| Each vent riser shows no visible damage.  | I  | VIII      |
|   | `epaired? ।  | 1 1       |
| 2) Each pressure/vacuum vent cap and/or ra  | n cap shows no visible damage.   | VI        |
|   | .żplaced?  |           |
| (3) Each spill bucket shows no presence of oil  | , water, or debris.  | V         |
|   | a and disposed of content in accordance with all  <br>piicable federal, state, and local requirements?   |           |
| walled sumps, gauge indicates no oil or wa  | single-walled buckets installed within single-<br>ater, or electronic sensor is not in alarm.<br>ess testing exemption, per Env-Or 406.12(e)** |           |
|   | d and disposed of content in accordance with all  <br>deral, state, and local requirements? Repaired?  |           |
| (5) Each fill adaptor cap, whether coaxial, two cap is not loose, and shows presence of a | -point fill adaptor cap, and/or dry break adaptor gasket and tightness of fit.   | $\bowtie$ |
|   | circle one) Tightened, repaired or (eplaced?)  | V         |
| (6) Each fill <b>adaptor</b> , whether coaxial, two-potightness of fit,                   | int fill adaptor, and/or dry break adaptor shows   | V         |
|   | (circle one) <b>Tightened or replaced?</b>   |           |
| (7) Each fill pipe was free of any obstruction.   |  | ✓         |
|   | Obstruction Removed?   |           |
| (8) Each dry break poppet valve shows a cont valve seat, and reseats properly.            | inuous seal, that depresses evenly across the  |           |
|   | (circle one) Repaired or replaced?   |           |

|                 |   | ាភ <b>k</b> #: 1                                      | 1                                     |   | <br>- |  |
|-----------------|---|---|---------------------------------------|---|-------|--|
| <sup>4</sup> 9) | Each motor fuel dispenser hose shows no tears, leaks, holes, kinks, kind.   | crimps or defects of any                              |                                       |   |       |  |
|                 | sircíe on   | e) Repaired or Replaced?                              |                                       | Í |       |  |
| (10)            | Each motor fuel dispenser nozzle shows no leak or defects of any leak   | ind.  | <b>/</b>                              |   |       |  |
|                 |   | e) Repaired or Replaced?                              |                                       |   |       |  |
| (11)            | **Annually for All Dispenser Sumps and Cabinets** Each motor finterior and sump shows no evidence of leaking components and substitution of the dispenser cabinets was conducted on | hows no oil, water, or                                | ✓                                     |   |       |  |
|                 | Repair and disposed of conte<br>applicable federal, state,  | nt in accordance with all and local requirements?     |                                       |   |       |  |
| (12)            | Each oil transfer and dispensing area shows no presence of oil spil   | ls.   | TO T                                  |   |       |  |
|                 | Reported and remediate any s<br>applicable federal, state,  | oill in accordance with all and local requirements?   |                                       |   |       |  |
| (13)            | Each oil transfer and dispensing pad area shows no conditions suc<br>cracking, spalling, nozzles extending beyond the pad, or other def   | h as open joints,<br>ects                             |                                       |   |       |  |
|                 | circle or   | e) R <b>epaired or Replaced?</b>                      | 1                                     |   |       |  |
| (14)            | Each leak, interstitial and product monitoring system enunciation properly, including monitoring systems also associated with day to  | panel is operating<br>anks                            |                                       |   |       |  |
|                 | circle o  | ne) Repaired or replaced?                             |                                       |   |       |  |
| (15)            | **Annually for All Containment Sumps** Each containment sum components and the presence of oil, water, or debris.  Last date completed:   | p is free of leaking                                  | /                                     |   |       |  |
| <u> </u>        | Removed and disposed of content in acco<br>federal, state, and local  | dance with all applicable requirements? Repaired?     |                                       |   |       |  |
| (16             | **Annually for Double-Walled Sumps Only** Each interstitial spany oil or water.  Last date completed:   |   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |       |  |
|                 | Removed and disposed of cont<br>applicable federal, state, and local  | ent in accordance with all<br>requirements? Repaired? |                                       |   |       |  |
| (17)            | **Annually for Double-Walled Sumps and Spill Buckets Only** Is sensor/gauge for proper length and functionality.  Last date completed:  | Remove and inspect each                               | V                                     |   |       |  |
| <u> </u>        | (circle o   | ne) 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.

### **Operator's Checklist**

# Visual Monthly Inspections Inderground 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: O2 10 202 UST Facility ID Number: O110065   |   |          |          |   |              |  |
|---|---|----------|----------|---|--------------|--|
| Facility Name: DONS MARLET  |   |          |          |   |              |  |
| Name of Class B operator directing the inspe  | ction: PRASIMAT GA  | 2) Du    | <u>D</u> |   |              |  |
| Name of person conducting inspection:   | _   |          |          |   |              |  |
| Signature of person conducting the inspection   | ·   |          |          |   |              |  |
| signature of person conducting the inspection   |   |          |          |   |              |  |
| $oldsymbol{\mathscr{D}}$ if true ; $oldsymbol{\mathscr{B}}$ if false; $oldsymbol{Y}$ to indicate corrective |   |          |          | 1 | 1            |  |
|   | rnk # (See OneStop for correct tank numbers):   | 1        |          |   | ļ            |  |
| Each vent riser shows no visible damage.  |   | VI       |          |   |              |  |
|   | Repaired?   |          |          |   |              |  |
| 2) Each pressure/vacuum vent cap and/or rai   |   | <u> </u> |          | 1 |              |  |
|   | .eplaced? \   |          |          |   |              |  |
| (3) Each spill bucket shows no presence of oil,   | water, or debris.   |          |          |   | <del> </del> |  |
| Remove<br>au  | and disposed of content in accordance with all  <br>plicable federal, state, and local requirements?  |          |          |   |              |  |
| walled sumps, gauge indicates no oil or wa  | ingle-walled buckets installed within single-<br>ter, or electronic sensor is not in alarm.<br>ss testing exemption, per Env-Or 406.12(e)** | ✓        |          |   |              |  |
|   | d and disposed of content in accordance with all deral, state, and local requirements? Repaired?  |          |          |   |              |  |
| (5) Each fill adaptor <b>cap</b> , whether coaxial, two <b>cap</b> is not loose, and shows presence of a    | -point fill adaptor <b>cap</b> , and/or dry break adaptor<br>gasket and tightness of fit.   | <b>✓</b> |          |   |              |  |
|   | (circle one) Tightened, repaired or replaced?   |          |          |   |              |  |
| (6) Each fill <b>adaptor</b> , whether coaxial, two-pointightness of fit,                                   | nt fill <b>adaptor</b> , and/or dry break <b>adaptor</b> shows  |          |          |   |              |  |
|   | (circle one) Tightened or replaced?   |          |          |   |              |  |
| (7) Each fill pipe was free of any obstruction.   |   | /        |          |   |              |  |
|   | Obstruction Removed?  |          |          |   |              |  |
| (8) Each dry break poppet valve shows a cont valve seat, and reseats properly.                              | nuous seal, that depresses evenly across the  |          |          |   |              |  |
|   | (circle one) Repaired or replaced?  |          |          |   |              |  |

|      |  | ~nk #: I   |          | İ |  |  |
|------|--|--|----------|---|--|--|
|      | Each motor fuel dispenser hose shows no tears, kind.   | , leaks, holes, kinks, crimps or defects of any  |          |   |  |  |
|      |  | circle one) Repaired or Replaced?  | -        |   |  |  |
| (10) | Each motor fuel dispenser nozzle shows no leak   | or defects of any kind.  | V        |   |  |  |
|      |  | circle one) Repaired or Replaced?  |          |   |  |  |
|      | **Annually for All Dispenser Sumps and Cabino<br>interior and sump shows no evidence of leaking<br>debris present.<br>Last date completed:<br>If checked annually, the last inspection of the di<br>was conducted on | g components and shows no oil, water, or   | /        |   |  |  |
|      |  | d disposed of content in accordance with all able federal, state, and local requirements?  |          |   |  |  |
| (12) | Each oil transfer and dispensing area shows no   | presence of oil spills.  |          |   |  |  |
|      |  | nd remediate any spill in accordance with all able federal, state, and local requirements? |          |   |  |  |
| (13) | Each oil transfer and dispensing pad area shows cracking, spalling, nozzles extending beyond the   | s no conditions such as open joints,<br>e pad, or other defects                            | <b>✓</b> |   |  |  |
|      |  | circle one) Repaired or Replaced?  |          |   |  |  |
| (14) | Each leak, interstitial and product monitoring sy<br>properly, including monitoring systems also ass   |  | /        |   |  |  |
| L    |  | circle one) Repaired or replaced?  |          |   |  |  |
| (15) | **Annually for All Containment Sumps** Each components and the presence of oil, water, or Last date completed:   |  | <u> </u> |   |  |  |
|      | federa   | of content in accordance with all applicable al, state, and local requirements? Repaired?  |          |   |  |  |
| (16  | **Annually for Double-Walled Sumps Only** any oil or water. Last date completed:   | Each interstitial space is free of   | /        |   |  |  |
|      |  | d disposed of content in accordance with all al, state, and local requirements? Repaired?  |          |   |  |  |
| (17) | **Annually for Double-Walled Sumps and Spil sensor/gauge for proper length and functionali Last date completed:  |  |          |   |  |  |
|      |  | (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.

### **Operator's Checklist**

# Visual Monthly Inspections Inderground Storage Tank Systems



nsA 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:   | UST Facility ID Number: _  | 7,000110     |  |  |  |  |
|---|--|--------------|--|--|--|--|
| Facility Name: DONS MARKET  |  |              |  |  |  |  |
| Name of Class B operator directing the inspection: PRASHANT GANDIT                        |  |              |  |  |  |  |
|   | PRASHANT GANDERD   |              |  |  |  |  |
| Signature of person conducting the inspection   | ^  |              |  |  |  |  |
| ☑ if true ; ☑ if false; Y to indicate corrective  | work was completed; <b>N/A</b> if not applicable   |              |  |  |  |  |
|   | # (See OneStop for correct tank numbers):  |              |  |  |  |  |
| Luch vent riser shows no visible damage.  |  | /            |  |  |  |  |
|   | Repaired?  |              |  |  |  |  |
| 21 Each pressure/vacuum vent cap and/or rai   | n cap shows no visible damage.   | VI           |  |  |  |  |
|   | :enlaced?  |              |  |  |  |  |
| (3) Each spill bucket shows no presence of oil,   | water, or debris.  |              |  |  |  |  |
|   | d and disposed of content in accordance with all  <br>pplicable federal, state, and local requirements?  |              |  |  |  |  |
| wailed sumps, gauge Indicates no oil or wa  | single-walled buckets installed within single-<br>ater, or electronic sensor is not in alarm.<br>ess testing exemption, per Env-Or 406.12(e)** |              |  |  |  |  |
| Remove<br>applicable fe   | d and disposed of content in accordance with all  <br>ederal, state, and local requirements? Repaired?   |              |  |  |  |  |
| (5) Each fill adaptor cap, whether coaxial, two cap is not loose, and shows presence of a | point fill adaptor cap, and/or dry break adaptor gasket and tightness of fit.  |              |  |  |  |  |
|   | circle one) Tightened, repaired or replaced?   |              |  |  |  |  |
| (6) Each fill <b>adaptor</b> , whether coaxial, two-po-                                   | int fill <b>adaptor</b> , and/or dry break <b>adaptor</b> shows  |              |  |  |  |  |
|   | (circle one) <b>Tightened or replaced?</b>   |              |  |  |  |  |
| (7) Each fill pipe was free of any obstruction.   |  | V            |  |  |  |  |
|   | Obstruction Removed?   |              |  |  |  |  |
| (8) Each dry break poppet valve shows a cont valve seat, and reseats properly.            | tinuous seal, that depresses evenly across the   | $\checkmark$ |  |  |  |  |
|   | (circle one) Repaired or replaced?   |              |  |  |  |  |

|            | ○ □ <b>   </b>   |     | ı    | ı | İ | İ |  |
|------------|--|-----|------|---|---|---|--|
| <u> </u>   | Each motor fuel dispenser hose shows no tears, leaks, holes, kinks, crimps or defects of any   | /   | <br> | Í |   |   |  |
|            | zele one) Repaired or Replaced?  | ١   | [    |   |   |   |  |
| <u>:0)</u> | Each motor fuel dispenser nozzle shows no leak or defects of any kind.   | 1 1 |      |   |   |   |  |
|            | circle one) Repaired or Replaced?  |     | İ    |   |   |   |  |
| (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:  If checked annually, the last inspection of the dispenser cabinets was conducted on |     |      |   |   |   |  |
| Lamenta -  | 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.   | V   |      |   |   |   |  |
| !          | 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  | 1   |      |   |   |   |  |
| 1          | 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   |     |      |   |   |   |  |
| 1          | circle one) Repaired or replaced?  | 1   |      |   |   |   |  |
| (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:  | V   |      |   |   |   |  |
|            | 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:   | V   |      |   |   |   |  |
|            | 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:  |     |      |   |   |   |  |
| <u> </u>   | (circle one) <b>Repaired or replaced</b> :   | '   |      |   |   |   |  |

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.

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