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.

Prashant Gandhi
9784950438

# List of Class C Operators

Facility ID 0110065

Facility Name SHREE SAI LLC DON'S MARKET

Facility Location 219 MAIN ST

Facility Town HAMPSTEAD NH 03841

Owner PRASHANT GANDHI

| *C Operator Name* | *Date of Training* | *Exp. Date* | *Training Program* | *Name of Trainer* |
|---|---|---|---|---|
| DIPENDRA ACHARYA | 02/20/2022 | 02/18/2024 | OPERATOR RESPONSE GUIDELINES | PRASHANT GANDHI |
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Operator's Checklist

# Visual Monthly Inspections

## Underground Storage Tank Systems

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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: 01/09/2022 UST Facility ID Number: 0110065

Facility Name: DON'S MARKET

Name of Class B operator directing the inspection: PRASHANT GAUCHAN

Name of person conducting inspection: PRASHANT GAUCHAN

Signature of person conducting the inspection: [signature]

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

| | Tank # (See OneStop for correct tank numbers): | 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)**** | ✓ | | | | |
| | ***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. | ✓ | | | | |
| | *(circle one)* ***Repaired or replaced?*** | | | | | |

| Tank #: | | | | | |
|---|---|---|---|---|---|
| (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.<br>Last date completed: _____<br>If checked annually, the last inspection of the dispenser cabinets was conducted on _____ | ✓ | | | | |
| ***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.<br>Last date completed: _____ | ✓ | | | | |
| ***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.<br>Last date completed: _____ | ✓ | | | | |
| ***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.<br>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

## Underground Storage Tank Systems

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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: 02/10/2022 UST Facility ID Number: 0110065

Facility Name: DONS MARKET

Name of Class B operator directing the inspection: PRASHANT GANDHI

Name of person conducting inspection: PRASHANT GANDHI

Signature of person conducting the inspection: P Gandhi

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

| | Tank # (See OneStop for correct tank numbers): | | | | |
|---|---|---|---|---|---|
| (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)**** | ✓ | | | | |
| ***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. | ✓ | | | | |
| *(circle one)* ***Repaired or replaced?*** | | | | | |

| | Tank #: | | | | |
|---|---|---|---|---|---|
| (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.<br>Last date completed: _____<br>If checked annually, the last inspection of the dispenser cabinets was conducted on _____ | ✓ | | | | |
| ***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.<br>Last date completed: _____ | ✓ | | | | |
| ***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.<br>Last date completed: _____ | ✓ | | | | |
| ***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.<br>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
## Underground Storage Tank Systems

NH 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.

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

Date of Inspection: 03/04/2022 UST Facility ID Number: 0/10065

Facility Name: DONS MARKET

Name of Class B operator directing the inspection: PRASHANT GANDHI

Name of person conducting inspection: PRASHANT GANDHI

Signature of person conducting the inspection: P-M

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

| | Tank # (See OneStop for correct tank numbers): | 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)**** | ✓ | | | | |
| | ***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. | ✓ | | | | |
| | *(circle one)* ***Repaired or replaced?*** | | | | | |

| | Tank #: | | | | |
|---|---|---|---|---|---|
| (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.<br>Last date completed: _____<br>If checked annually, the last inspection of the dispenser cabinets was conducted on _____ | ✓ | | | |
| | ***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.<br>Last date completed: _____ | ✓ | | | |
| | ***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.<br>Last date completed: _____ | ✓ | | | |
| | ***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.<br>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.

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