NHDES-S-04-027



Underground Storage Tank (UST) Facilities A/B Operator Statement of Training Record



OIL REMEDIATION AND COMPLIANCE BUREAU

PO BOX 95 CONCORD NH 03302-0095

Phone # (603) 271-3899 Fax

Fax # (603) 271-2181

New Hampshire RSA 146-C:17 - 21

Facility ID # 0113815 NHDES Site ID #	2000	011020	8
Facility Name: Somors worth One S	too		
Facility Location: 465 High ST	•		_
Facility Town/City: Somers was Low			
Name of Approved Training Program: NHDES			
. Keep a completed copy of this form for owner/operator records. The owner/operator must submit a copy of this to NHDES.			
Class A Qperator			
Name James Royco			
Training Date $9/3/21$			
F Data 91-2122		***************************************	
Expiration Date 1/23/25			
Expiration Date 9/z_3/23 Class A operator Signature	Date	1/1/22	
Class A operator Signature	Date	1/1/22	
Class B Operator	Date	1/1/22	
Class B Operator Name 4 M Royal	Date	1/1/22	
Class A operator Signature Class B Operator Name 4 m Copple Training Date 9/23/21	Date	1/1/22	
Class B Operator Name 4 m 2 velu Training Date 9/23/21 Expiration Date 9/23/22			
Class A operator Signature Class B Operator Name 4 m Copple Training Date 9/23/21	Date Date	1/1/22	
Class B Operator Name 4 m 2 velu Training Date 9/23/21 Expiration Date 9/23/22			
Class B Operator Name 4 m 2 velu Training Date 9/23/21 Expiration Date 9/23/22 Class B operator Signature			
Class B Operator Name 4 m Queller Training Date 9/23/21 Expiration Date 9/23/22 Class B operator Signature			
Class B Operator Name Class B Operator Name A M Defa Training Date 9/23/21 Expiration Date 9/23/22 Class B operator Signature Owner Name Name Name			