



# 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 # (603) 271-2181

New Hampshire RSA 146-C:17 - 21

Facility ID # 0111910 NHDES Site ID # 200012019 amp  
 Facility Name: Somers workn One Stop #  
 Facility Location: NY Rt 108  
 Facility Town/City: Somers workn  
 Name of Approved Training Program: NHDES

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

**Class A Operator**Name James RogersTraining Date 9/23/21Expiration Date 9/23/23Class A operator Signature James RogersDate 11/1/22**Class B Operator**Name James RogersTraining Date 9/23/21Expiration Date 9/23/23Class B operator Signature James RogersDate 11/1/22**Owner**Name Charles MabardelOwner Address 70 LafayetteOwner City and State Seabrook NHOwner Signature Charles MabardelDate 11/1/22

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.