Annual Leak Monitoring and Overfill Protection Test Form For Underground or Aboveground Storage Tank Systems

N. H. Code of Administrative Rules Env-Or 406.18 and Env-Or 406.20 (for UST Facilities) and N. H. Code of Administrative Rules Env-Or 306.12, (for AST Facilities)

The New Hampshire Department of Environmental Services (NHDES) has developed this form to document the required annual testing of leak monitoring and/or overfill protection equipment at this UST or AST storage facility.

Facility Name: Shop Express Laconia	UST 🖌 AST DES Site No. / Facility No.	199801035 / 0111173
Facility Address: 297 Union Ave	City: Laconia	Zip: 03246

A. Annual Leak Monitoring and/or Overfill Protection Test Results

Complete the following checklist using: Y = Yes, N = No, N/A = Not Applicable

1. Leak monitor and/or overfill protection equipment. List all tested with manufacturer's name and model#:

Leak Monitor: Veeder Root TLS-350

		-	0			
	Tank #:	5	6			
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y			
						<u> </u>
3.	Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	Y			
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	Y	Υ			
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A			
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.	Y	Y			
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Υ			
8.	The leak monitor console audible alarm is confirmed operational and reset.	Y	Y			
9.	The leak monitor console visuals alarms are operational and reset.	Y	Υ			
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A	N/A			
11.	Overfill alarm sensors and shutoff devices, as applicable, were manually activated and verified to be at the proper operational setting. (Required Triennially for USTs, Annually for ASTs)	N/A	N/A			
12.	In summary, the leak monitor and/or overfill protection systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.		`	Yes	6	

If your answer is No, then describe on the reverse side of this form how and when these items will be corrected.

*Comments:

B. Certification

I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Name (print): Kiawa Krzuik

Company Name: Roy Petroleum, LLC

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature: ____

Phone No.: (<u>413</u>) <u>627-2577</u> Test Date: <u>9/22/22</u>

C. Record Keeping and Reporting Instructions

1. Keep a completed copy of this form for owner/operator records.

2. The owner/operator must submit a copy of the annual test report to NHDES within 30 days of testing to:

NH DEPARTMENT OF ENVIRONMENTAL SERVICES

OIL REMEDIATION AND COMPLIANCE BUREAU PO BOX 95, CONCORD NH 03302-0095



ANNUAL LINE LEAK DETECTOR TEST FORM FOR AST and UST SYSTEMS

N. H. Code of Administrative Rules Env-Or 400 (UST Rules), 406.16, and Env-Wm 1402 or Env-Or 300 (AST Rules)

The New Hampshire Department of Environmental Services has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

Facility Name: Shop Express Laconia	_DES Facility # / Site #: 0111173 / 199801	1035
Facility Address: 297 Union Ave	City: Laconia	Zip: 03246

1. Where required by rules, all pressurized piping shall be equipped with an automatic line leak detector, which shall restrict or stop the flow of the stored substance upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10 pounds per square inch line pressure. Automatic line leak detectors shall be tested annually to confirm that they are operating according to manufacturer's requirements. The test results shall be submitted by the owner to the division no later than 30 days after the date of the test.

2. Line leak detector is required to be tested in-place. Do not remove and test outside the system.

Test Information and Results	UST 🗸			Test Date:	9/22/22
Tank Number: (for split tanks use 1(a), (b))	Tank # 5	Tank # 6	Tank #	Tank #	Tank #
Test Location:	Dispenser Dispenser				
Product Stored: (gas, diesel, etc.)	Gas- RUL Gas- SUP				
Capacity: (gallons)	10,000	10,000 10,000			
LLD Manufacturer:	VMI	Red Jacket			
LLD Model Number:	99-LD2000	FX2V			
Tested Leak Rate: (gallons per hour)	3.0	3.0			
Results:	Pass	Pass			

Complete following only if any of the above LLDs have failed and replaced with NEW LLDs.

REPLACED LLD Manufacturer:			
LLD Model Number:			
Tested Leak Rate: (3 gallons per hour max.)			
Results:			

*Comments:

An automatic line leak detector failure shall be indicated by a leak rate of greater than 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within one hour. The failed line leak detector shall be repaired or replaced immediately. The affected piping system(s) shall be taken out of service until satisfactory repairs are made or the line leak detector is replaced.

Verification – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements.

Technician Name (print): Kiawa Krzcuik	Testing Company Name:: Roy Petroleum, LLC
· · · · · · · · · · · · · · · · · · ·	0 1 7

Testing Co. Address / State / Zip PO Box 738, Goffstown, NH 03045

Alah

Signature:

Phone No: 413-627-2577

Stage I





Maintenance Inspections of Vapor Recovery System for AST/UST Gasoline Dispensing Facilities

The owner or operator of a gasoline storage tank at a gasoline dispensing facility or a bulk gasoline plant subject to Env-Or 504.01 shall perform a yearly maintenance inspection:

- 1. No later than September 30 of each calendar year, and
- 2. At least 10 months between each inspection.

Facility Name: Shop Express Laconia Insp. Date: 9/22/22					
AST/UST Facility ID Number: 0111173					
Name of person conducting inspection: Kiawa Krzcuik (Roy Petroleur	n)				
	<u>T</u> # 5	T# 6	T#	<u>T</u> #	<u>T</u> #
(1) Perform all items specified in Stage I Monthly Maintenance Inspection.	\checkmark	\checkmark			
(2) Replace or permanently plug each drain valve located in each spill bucket.	N/A	N/A			
(3) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	\checkmark	\checkmark			
(4) Measure the distance between the tank bottom and the submerged fill tube end to insure a clearance of no more than 6 inches. If necessary, modify the submerged fill tube.	\checkmark	\checkmark			

The owner or operator must document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.

Please contact the New Hampshire Department of Environmental Services at (603) 271-3899 with any questions.



Triennial Overfill Prevention Device Testing Form
For Underground Storage Tank Systems
Waste Division/Oil Remediation and Compliance Bureau

RSA/Rule: RSA 146-C, Env-Or 400

Environmental Services

Facility Name: Shop Express	UST Facility ID No.: <u>0111173</u>	
Facility Address: 297 Union Ave	City: Laconia	Zip: <u>03246</u>
UST System Owner Name: Tanveer Chaudhry	Owners Daytime Phone Number	603-934-3877

Owner Address: 297 Union Ave, Laconia, NH 03246

A. Primary overfill Protection Test Results

1. Type of overfill device, manufacturer's name and model number (list out all manufacturers and models if different): Veeder Root TLS-350 External Overfill Alarm (Model 790091-001)

Unless otherwise noted, complete the following checklist using: Y = Yes, N = No, N/A = Not Applicable

	I ank #	5	6			
2.	2. The overfill console, if equipped, is correctly programmed and labeled.					
3.	3. The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.					
4.	4. Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form (please see attached Overfill Prevention/Drop-Tube Data Sheet).					
5.	5. The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.					
6.	The <u>audible</u> alarm, if equipped, is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds)	*Y	*Y			
7.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	Y	Y			
8.	In summary, the overfill system is confirmed to be in proper operation per manufacturer's requirements, all devices are reset and alarms have been cleared. Enter "P" for Pass or "F" for Fail.	Ρ	Ρ			

If your answer is **No** for any of the above, then describe on the reverse side of this form how and when these items will be corrected. Please be aware that any malfunctioning overfill device shall be repaired within 30 days. If the device cannot be repaired or replaced within 30 days the affected system(s) shall be prohibited from taking a delivery until satisfactory

repairs are made. Comments: *During the 9/22/22 Compliance Inspection, the audible horn was not operational (would not sound). On 9/28/22 Roy Petroleum replaced the audible horn and tested for proper operation. Working proplery now. Alarm point on probe is 81".

B. Certification

I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with NH DES Regulations and manufacturer's requirements.

Tester Name (print): Kiawa Krzcuik

Company Name: Roy Petroleum, LLC.

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature:

Phone No.: (413) 627-2577

Test Date: 9/22/22

C. Record Keeping and Reporting Instructions

The owner/operator must submit a copy of the test report to NHDES within 30 days of testing.

orcb.wmd@des.nh.gov (603) 271-3899 PO Box 95, Concord, NH 03302-0095 www.des.nh.gov

Roy Petroleum, LLC

Facility #: 0111173

Overfill Prevention/Drop-Tube Data Sheet

Insp Date: 9/22/22

Facility Name: Shop Express (Laconia, NH)

TANK DETAILS (FIELD MEASUREMENTS)

TANK #	5	6							
Product/Grade	Gas- RUL	Gas- SUP							
Capacity (gallons)	9,695	9,695	These measurements taken at Probe risers.			These measurements taken at Probe riser			
Construction (DW/SW)/ (Steel/FRP)	DW FRP	DW FRP							
Tank Bottom Depth (inches)=(TB)	134.00	136.00							ò.
Riser Length (inches)=(RL)	43.00	44.00							
(TD) Tank Diameter (inches)-per manufacturer	91.00	92.00							
Manway (Y/N)=(M)	N	N							

(Tank Bottom Depth) - (Riser Length) = Tank Diameter (used to determine diameter of 4', 6', 8', 10', 12' etc..)

DROP TUBE MEASUREMENTS

Tank Bottom Depth (inches)=(TB)	136.00	136.00	
Drop Tube Length (inches)=(DT)	130.50	131.00	Those measurements taken at Fill risers
Distance off Bottom (inches)=(TB-DT)	5.50	5.00	
Results (Pass/Fail)	PASS	PASS	

(Tank Bottom Depth) - (Drop Tube Length) = Distance off Bottom (must be less than or equal to 6" unless OK'd by State Inspector due to age of d/t)

OVERFILL PREVENTION MEASUREMENTS

FLAPPER VALVE (95%)- Model #			
95% Shut Off Volume (gallons)			
95% Shut Off (inches)=(SO)			
Required (OM) Overfill Measurement Into Tank (inches)=(TD-SO)			
Required 95% Length (inches)=(RL+OM)			
Length of Uppper Tube (inches)			
Length of Overfill Device Into Tank (inches)			
Results (Pass/Fail)			

*95% Shut off Alarm (Dia. 64" = 7"-8", Dia. 72" = 8"-9", Dia. 92" = 9.5"-10.5", Dia. 96" = 10"-11", Dia. 120" = 12"-13")

BALL FLOAT (90%)			
90% Restriction Volume (gallons)			
90% Restriction (inches)=®			
(ROM) Required 90% Overfill Measurement (inches)=(TD-R)			
Length of Ball Float (inches)			
Results (Pass/Fail)			

*90% Shut off Alarm (Dia. 48" = 8", Dia. 64" = 10", Dia. 72" = 12", Dia. 92" = 14", Dia. 96" = 15", Dia. 120" = 18", Dia. 126" = 20")

AUDIBLE ALARM (90%)			
90% Alarm Volume (gallons)	8,726	8,726	
Required Alarm Level (inches)	81.00	81.00	*During the 9/22/22 Compliance Inspection, the audible
90% Required Length of Device (inches)	N/A	N/A	horn was not operational (would not sound). On 9/28/22
Length of Overfill Device (inches)	N/A	N/A	Roy Petroleum replaced the audible horn and tested for
Point of Alarm on Probe/Float (inches)	81.00	81.00	proper operation. Working propiery now.
Results (Pass/Fail)			

*90% Alarm (Dia. 48" = 40", Dia. 64" = 54", Dia. 72" = 60", Dia. 92" = 80", Dia. 96" = 81", Dia. 120" = 100", Dia. 126" = 106")

Stage I/II Pressure Decay, P/V Vent Cap & Dynamic Backpressure/Liquid Blockage Test Documentation											
	Roy Petroleum, LLC										
			P.O.	Box 73	8						
		(offstow (603)	n, NH (660-27	0304 20	45					
	F ee!	1:4	(003)	000-27.	39			Custo			
Shop Exp		lity			Sł		nress	Custo	ner		
NH Facility	y #0111173				At	tn: Tar	nveer C	Chaudhry			
297 Union	Ave				29	97 Unic	on Ave				
Laconia, N	NH 03246				La	aconia,	NH 0	3246			
604-557-6	910				60	13-934	-30//				
Stage	I System Type Two-Point	:						Stage II Sy N/	stem Ty A	vpe:	
			Tai	nk Infor	mat	ion					
	TANK		Та	ank 1		Tar	1k 2	Tank 3	Tank	4	Total
Product Grade	9		Tank	#5 (RUL)	Tank #	6 (SUP)				
Actual Tank C	apacity (gallons	5)	9	,695		9,6	695				
Gasoline Volu	ime (gallons)		4	,458		1,2	234				
Ullage (gallon	s)		5	,237		8,4	161				13,698
	Pressure	e Decay Test						P/V Ven	t Cap Te	est	
Initial Pressure	e (inches water)		10.00				Pressure	e ("wc)	("wc) Vacuum ("wc)		
Pressure Afte	r 1 Minute (inch	es water)	9.95			Cap #1		*See P/V Vent		Cap T	Fest Page
Pressure Afte	r 2 Minutes (incl	nes water)	9.90			Cap	o #2				
Pressure Afte	r 3 Minutes (incl	nes water)	9.85			Cap	o #3				
Pressure Afte	r 4 Minutes (incl	nes water)	9.85		Cap	o #4					
Pressure Afte	r 5 Minutes (incl	nes water)	9.80		Cap	o #5					
Allowable Rer	naining Press (i	nches water)	ç	9.68	6 Cap #6						
Vapor Tie Te	st (P/F): P										
		Dynamic	Back Pr	essure/	Liqu	uid Blo	ockage	e Test			
PUMP/NOZ.	GASOLINE	NOZZLE M	FG. &			FLOW	VMETE	R (CFH)		V	VET TEST
NUMBER	GRADE	MODEL NU	MBER	20	4	10	60	80	100		60
					-					-	
					-						
										l	
			Summa	ary Of T	est	Resul	ts				
	Test Pass/Fail Comments										
Pressure Decay Test PASS NH 3-Year Primary Containment (Pressure						ent (Pressure					
Vapor Tie-in Test PASS the gasoline tanks.						g passed on					
Pressure/Vac	Pressure/Vacuum Vent Cap Test PASS										
	Dynamic Back Press/Liquid Blockage/Healy Line Tight. N/A Simultaneous of Technician Technician										
				Ie:	or I (iaw	eciiiii a Krzo	uik			2/22	31
1000	Kiawa Krzculk 9/22/22										

	Stage I Pressure/Vacuum (P/V) Vent Valve Test Documentation (TP 201.1E)									
	Roy Petroleum, LLC P.O. Box 738 Goffstown, NH 03045 (603) 660-2739									
-	Test Date:	9/22/2	2							
	Facility:	Shop NH Fa 297 U Lacon 604-5	Express acility #0 nion Av ia, NH 57-6916	9 0111173 e 03246 9			Customer:	Shop Ex Attn: Ta 297 Unit Laconia 603-934	opress nveer Chaudhry on Ave , NH 03246 3877	
	Test Purp	oose:	F	ederal:			State:		Both: X	
<u>1</u>	Product:	RUL (T #5)	Make: OF	PW		Model: 623V		Individual Result:	PASS
	Manufacturers	s Specified	d Positive	Leak Rate (CF	H) (0.050	Manufacturers Specif	ied Negative	Leak Rate (CFH)	-0.210
	Measured Pos	sitive Leak	k Rate (CF	=H):	(0.004	Measured Negative L	eak Rate (C	FH):	-0.009
	Positive Crack	ositive Cracking Press. (in. H2O, allowable 2.5 - 6.0) 3.57 Negative Cracking Press (in. H2O, allowable 6.0 - 10.0) -7.98					-7.98			
2	Product:			Make:			Model:		Individual Result:	
	Manufacturers	s Specified	d Positive	Leak Rate (CF	H)		Manufacturers Specif	ied Negative	Leak Rate (CFH)	
	Measured Pos	sitive Leak	k Rate (CF	=H):			Measured Negative L	.eak Rate (C	FH):	
	Positive Crack	king Press	s. (in. H2C), allowable 2.5	- 6.0)		Negative Cracking Pr	ess (in. H2O	, allowable 6.0 - 10.0)	
<u>3</u>	Product:			Make:			Model:		Individual Result:	
	Manufacturers	s Specified	d Positive	Leak Rate (CF	H)		Manufacturers Specif	ied Negative	Leak Rate (CFH)	
	Measured Pos	sitive Leak	k Rate (CF	⁼ H):			Measured Negative L	eak Rate (C	FH):	
	Positive Crack	king Press	s. (in. H2C), allowable 2.5	- 6.0)		Negative Cracking Pr	ess (in. H2O	, allowable 6.0 - 10.0)	
<u>4</u>	Product:			Make:			Model:		Individual Result:	
	Manufacturers	s Specified	d Positive	Leak Rate (CF	H)		Manufacturers Specif	ied Negative	Leak Rate (CFH)	
	Measured Pos	sitive Leak	k Rate (CF	=H):			Measured Negative L	eak Rate (C	FH):	
	Positive Crack	king Press	s. (in. H2C), allowable 2.5	- 6.0)		Negative Cracking Pr	ess (in. H2O	, allowable 6.0 - 10.0)	
						Com	ments:			
	Stage I P/V	vent C	ap testir	ng passed.						
1	echnician	Name:	Kiawa	a Krzcuik			Signature:	16.	- 1/	

Containment Sump Testing

Roy Petroleum, LLC

Test Date: 9/28/22

Facility: Shop Express

(Leak threshold is .002 inch maximum loss in 15 minutes).

(Leak threshold is .002 inch maximum loss in 15 minutes).

NH Facility #0111173 297 Union Ave Laconia, NH 03246 604-557-6916

□ OMNTEC OEL8000II CLD Containment Sump Test (Hydrostatic)

Customer: Shop Express Attn: Tanveer Chaudhry 297 Union Ave Laconia, NH 03246 603-934-3877

Mark Sump (1, 3 or 24 Hour Hydrostatic Test) □ Incon TS-STS Containment Sump Test (Hydrostatic)

Test Procedure: The sump is filled with water. The water level is marked. After the test period, the water level is checked making sure that there is no change in level.

□ Vacuum Test

Test Procedure: A vacuum of 30" W.C. is applied to the containment. After 1 minute, the vacuum level is checked making sure there is no loss greater than 4" W.C. of vacuum.

Containment Sump Type STP Sump Dispenser Pan (UDC) Spill Bucket Piping/Transition Sump Fill Sump	State/Client Tank #	Product Grade	Containment Manufacturer Name & Model	Primary/Secondary Containment Free of Debris, Water & Regulated Substance	Test Start Time	Hydrostatic Test Begin Level (inches)	Hydrostatic Test End Level (inches)	Test End Time	Measured Loss (inches)	Test Result- Containment in Proper Operation Per Manufacturer's Requirement (Pass / Fail)
STP Sump	5	Gas- RUL	Containment Solutions	Yes	11:28 AM	39.00	39.00	2:28 PM	0.00	PASS
STP Sump	6	Gas- SUP	Containment Solutions	Yes	11:12 AM	38.00	38.00	2:12 PM	0.00	PASS
Dispenser Sump 1/2	5/6	RUL/SUP	Total Containment	Yes	3:41 PM	2.00	2.00	6:41 PM	0.00	PASS
Dispenser Sump 3/4	5/6	RUL/SUP	Total Containment	Yes	3:22 PM	2.00	2.00	6:22 PM	0.00	PASS
Dispenser Sump 5/6	5/6	RUL/SUP	Total Containment	Yes	3:09 PM	2.00	2.00	6:09 PM	0.00	PASS
Dispenser Sump 78/8	5/6	RUL/SUP	Total Containment	Yes	2:48 PM	2.00	2.00	5:48 PM	0.00	PASS

Comments: Hydrostatic testing of the STP sumps passed. Performed low level testing of the dispenser pan sumps prior to installing stand-alone sensors under the dispensers as per NHDES in order to keep facility open for fuel sales while waiting for estimates for tank top upgrades and dispenser pan sump replacements.

Testing Performed By: Kiawa Krzcuik

Signature:



Annual Leak Monitoring Equipment Testing Form for Underground Storage Tank Systems Oil Remediation and Compliance Bureau



RSA 146-C; Env-Or 406.07, 406.13, 406.18

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.

THE OWNER SHALL SUBMIT A COPY OF THE ANNUAL TEST REPORT TO NHDES WITHIN 30 DAYS AFTER TESTING.

Keep a completed copy of this for owner/operator records.

1A. Facility Information						
NHDES Site #	199801035	Facility ID #	01111	73		
Facility Name:	SHOP EXPRESS LACONIA					
Physical Address of Facility:	297 UNION A	VE	Town/City:	LACONIA		

1B. Owner Information								
Name: TANVEER CHAUDHRY								
Mailing Address: 297 UNION			AVE LACONIA NH 03246					
Daytime Phone:	603-934-3877		Email (Optional):					

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: Incon Solid State #DC404

Test Date:

11/4/2022

ANNUAL LEAK MONITORING TEST RESULTS:

Com Y =)	plete the following checklist using: (es. N = No. N/A = Not Applicable TANK/DAY TANK #:	5	6		
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	N/A	N/A		
	Tank secondary containment sensor is positioned per manufacturer's requirements.	N/A	N/A		
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y		
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A		
6.	All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.	N/A	N/A		
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y		
8.	The leak monitor console audible alarm is confirmed operational and reset.	N/A	N/A		
9.	The leak monitor console visual alarms are operational and reset.	N/A	N/A		
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A	N/A		
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	Y	Y		
12.	In summary , the leak monitor equipment systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.		× Yes	N	0

If you answered No to any of the above, then describe on the reverse side of this form how and when these items will be corrected.

Telephone: (603) 271-3899 Fax: (603) 271-2181 TDD Access: Relay NH (800) 735-2964

P O BOX 95, Concord, NH 03302-0095

www.des.nh.gov

<u>Certification</u> – I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Testing Company Name:	Gaftek Inc.	Testing Company Pho	one # 207-217-6515				
Testing Company Address: _	2083 Dover RD Epsom NH 03243						
Technician Name (Print):	Ben Gagne	Technician Signature:	Ben Gagne				
Certification #	N/A	Expiration Date:	N/A				

Description of how and when any "No" items will be corrected:

Test report for 4 Incon Solid State #DC404 sensors installed below dispensers. These were installed to meet temporary compliance orders from Charlie K.