

UNDERGROUND STORAGE TANK (UST) FACILITIES A/B OPERATOR STATEMENT OF TRAINING RECORD OIL REMEDIATION AND COMPLIANCE BUREAU



RSA 146-C:17 – C:21
Facility ID# ON1910 NHDES Site ID# 20012019 Facility Name: Somersworth one Stop 77 Facility Location: 55 R + 108 Facility Town/City: Somersworth.
Keep a completed copy of this form for owner/operator records. The owner/operator must submit a copy of this to NHDES.
Class A Operator Name: Terri Jean Pedato Training Date://-30-22
Class A Operator Signature Political Date: 12-1-22
Class 8 Operator Name: Lenn' Jean Pedel Training Date: 11-30-22 Approved Training Program: A) MDES USE A/B OT Dispensing Non-Dispensing Email Address (optional): Class A Operator Signature Please check one: Replacement Additional Expiration Date: 1/-30-24 Expiration Date: 1/-30-24 Date: 1/2-1-22
Date: 14 1
Owner Name: Chayles Mahardy Address: 720 I gayette Rd Owner City and State: Seer Brash NV
Owner Signature Date: 12-1-22
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. Please write names of operators to be removed here:
NHDES email: orcb.wmd@des.nh.gov

NRDES email: <u>orcb.wmd@des.nh.gov</u>
Telephone: <u>(603) 271-3899</u> Fax: (603) 271-2181 TDD Access: Relay NH <u>(800) 735-2964</u>
P O BOX 95, Concord, NH 03302-0095

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