

New Hampshire Department of Environmental Services
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September 2013

Registration for Underground Storage Tank Systems

Type of Registration	State Use Only
Instructions: Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. Also, provide a site plan and facility layout. (May be an accurate hand sketch).	ID Number: _____ Site Number: _____ Date Received: _____ <div> Active Tanks: _____ Closed Tanks: _____ </div>

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
Town of Winchester Owner Name 1 Richmond Street Mailing Address Winchester New Hampshire 03470 City State Zip Code 603.239.4951 ext. 1 kmlner@winchester.nh.gov Phone Number (include area code) E-mail	Former J&Gs Service Facility Name 7 Ashuelot Road (Route 10) Street Address (DO NOT USE POST OFFICE BOX) Winchester N.H. 03470 City State Zip Code Cheshire County

III. Land Owner	IV. Stored Product Owner
Same as #1 above Land Owner Name Mailing Address City State Zip Code Phone Number (include area code) E-mail	Same as #1 above Stored Product Owner Name Mailing Address City State Zip Code Phone Number (include area code) E-mail

V. Type of Owner	VI. Type of Facility
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input checked="" type="checkbox"/> Local Gov't.	<input checked="" type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)

VII. Certification

As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.

Print Name and Title of Owner:	Signature:	Date Signed:
Karey Miner	Karey Miner	12-15-22

VIII. Description of Underground Storage Tanks (Complete For Each Tank At This Location)

List Compartment Tank System No. as 1a, 1b; 2a, 2b etc	Tank System No. 8	Tank System No. 9	Tank System No. 10	Tank System No.
1. Status of Tank System:				
Currently in Use				
Date Temporary Closed (less than 1" of substance stored)	Unknown	Unknown	Unknown	
Date Permanently Closed (Removed or filled in place)				
Amended Information	Tagged 2017			
2. Date of Installation:	8/16/94	8/16/94	8/16/94	
3. Compartment Tank: List Each Tank's Compartment (gallons) in Separate Column.				
4. Estimated Total Capacity (gallons): (Identify tanks that are siphoned together)	6,000	8,000	5,000	
5. Substance Stored:	DSL	GAS	GAS	
2HO - # 2 Heating Oil 4HO - #4 Heating Oil 6HO - #6 Heating Oil DSL - Diesel EMG - Emergency Generator Fuel EMP - Empty HAZ - Hazardous Substance GAS - Gasoline JET - Jet Fuel KER - Kerosene MOT - Motor Oil OTH - Other Substance UNK - Unknown Substance USE - Used / Waste Oil				
6. Tank Material:				
Single wall (SW) / Double wall (DW)	SW			
Cathodically Protected Steel				
Composite		✓	✓	
Fiberglass				
Steel	✓			
Jacketed				
Concrete				
Lined				
Unknown				
Other, Please Specify				
7. Piping Material: Designate Primary (Prim) or Secondary (Sec) piping.				
Single wall (SW) / Double wall (DW)	SW			
Cathodically Protected Steel	Prim			
Flexible				
Fiberglass	✓	✓	✓	
Copper				
Steel				
PVC				
HDPE				

Other / Unknown, Please Specify		Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	
8. Piping System:		Tank System No. 8		Tank System No. 9		Tank System No. 10		Tank System No.		
Suction (No Check Valve at Tank)		X								
Suction (Check Valve at Tank)										
Pressure				X		X				
Gravity										
Siphon										
Line Leak Detector (manufacturer)										
Date installed:										
9. Spill Buckets Installed (Date):										
Identify all Remote Fills										
10. Primary Overfill Device (Date):										
Ball Float										
Automatic Shut Off Valve										
Audible High Level Alarm										
Other										
11. Inventory Monitoring is Being Done:		Yes	No	Yes	No	Yes	No	Yes	No	
12. Release Detection:										
Automatic Tank Gauge (date & manufacturer)										
Tank Interstitial Monitor (manufacturer)										
Piping Interstitial Monitor (manufacturer)										
Vapor Monitoring										
Groundwater Monitoring										
Line Tightness test										
Manual Tank Gauging										
Other										
13. Corrosion Protection:										
(Tank =T; Piping =P; Flex Conn or Flttns =F)										
Sacrificial Anodes		T	P	F	T	P	F	T	P	F
Impressed Current		T	P	F	T	P	F	T	P	F
Other		T	P	F	T	P	F	T	P	F
14. Tightness Testing:										
Tank (Date / Results)										
Piping (Date / Results)										
15. System:										
Has Tank been repaired?										
Has piping been repaired?										

IX. Owners Financial Responsibility

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules (Env-Or 404.11).

Y

N

Env-Or 404.11 Financial Responsibility.

- (a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.
- (b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.
- (c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-E, or RSA 146-F.

X. Person Responsible for Maintenance and Regulatory Compliance

Town of Winchester (contact: Karey Miner - Town Administrator)

Name

1 Richmond Street

Mailing Address

Winchester

New Hampshire

03470

City

State

Zip Code

603.239.4951

1

kminer@winchester.nh.gov

Phone Number (include area code)

Extension

E-mail address

XI. Final Certification. (For installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval. [Env-Or 404.03(i)]

Signature

Print Name

Date:

NH PE:

License Number

Expiration Date

OR,

ICC:

Certification # for UST Installation/Retrofitting

Expiration Date

XII. Stage I / Stage II Vapor Recovery (Gasoline Systems Only)

Annual Gasoline Throughput* – All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

* Throughput required for facilities with only Stage I equipment

Stage I

Stage II

Equipment

Coaxial

Two Point

Dry Break on Manifold

Other

Type Equipment

Total # of Dispensers

Total # of Nozzles

Total # of Gas Tanks

Date of Installation

Date of Installation

Installer

Installer