



**NHDES Waste Management Division
29 Hazen Drive; PO Box 95
Concord, NH 03302-0095**



UPDATED UST SYSTEM REGISTRATION

**Smoke N Barley
1921 Dover Road
Epsom, New Hampshire 03234**

**NHDES Site #: 199104001
Project Type: UST FACILITY
Project Number: 111376**

Prepared For:
Rajipo 1921 LLC
1921 Dover Road
Epsom, New Hampshire 03234
Phone Number: (603) 630-6005
Contact Name: Vipulkumar Patel
Contact Email: smokenbarley@gmail.com

Prepared By:
Wilcox & Barton, Inc.
#1B Commons Drive, Unit 12B
Londonderry, New Hampshire 03053
Phone Number: (603) 369-4190 x502
Contact Name: Russell W. Barton
Contact Email: rbarton@wilcoxandbarton.com

Date of Report: February 9, 2023

Wilcox & Barton, Inc. Project #SMNB0002

February 9, 2023

Mr. Matt Jones
New Hampshire Department of Environmental Services
29 Hazen Drive, P.O. Box 95
Concord, New Hampshire 03301-0095

**RE: Updated UST System Registration
Smoke N Barley, 1921 Dover Road, Epsom, New Hampshire
NHDES Site #199104001, UST Facility #111376**

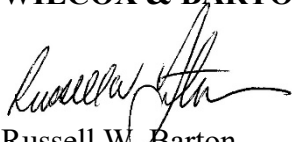
Dear Mr. Jones:

On behalf of Rajipo 1921 LLC, Wilcox & Barton, Inc. is pleased to submit the attached Registration of Underground Storage Tank (UST) Systems form. Ownership and contact information have been revised for the facility.

Please call me at (603) 369-4190 x502 if you have any questions or require additional information.

Very truly yours,

WILCOX & BARTON, INC.



Russell W. Barton
SVP – Principal Geologist

cc: Mr. Vipulkumar Patel, Rajipo 1921 LLC

Attachments

REGISTRATION OF UST SYSTEMS FORM (PAGE 1 ONLY)





REGISTRATION OF UNDERGROUND STORAGE TANK (UST) SYSTEMS OIL REMEDIATION AND COMPLIANCE BUREAU



RSA 146-C:3, Rule: Env-Or 404

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.

INSTRUCTIONS	STATE USE ONLY	
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). If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.	Date Received:	
	Site #:	
	Facility #	
	Active Tanks:	Closed Tanks:

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Rajipo 1921 LLC	Smoke N Barley
Tank Owner Name	Facility Name
1921 Dover Road	1921 Dover Road
Mailing Address	Street Address
Epsom NH 03234	Epsom NH 03234
City State Zip Code	City State Zip Code
(603) 630-6005 smokenbarley@gmail.com	Merrimack County
Phone Number (include area code) Email Address	County
III. LAND OWNER (if different than Tank Owner)	IV. Person Responsible for Maintenance & Regulatory Compliance
Rajipo 1921 LLC	Vipulkumar Patel
Land Owner Name	Contact Name and Title
	1921 Dover Road
Mailing Address	Mailing Address
	Epsom NH 03234
City State Zip Code	City State Zip Code
	(603) 630-6005 smokenbarley@gmail.com
Phone Number (include area code) Email Address	Phone Number (include area code) Email Address

V. Type of Owner	VI. Type of Facility
<input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Private	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Air Taxi <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Commercial <input type="checkbox"/> Contractor </div> <div style="width: 50%;"> <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Federal – Military <input type="checkbox"/> Federal – Non-Military <input checked="" type="checkbox"/> Gas Station <input type="checkbox"/> Industrial </div> <div style="width: 50%;"> <input type="checkbox"/> Local Government <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Motor Fuel Dispensing <input type="checkbox"/> Railroad <input type="checkbox"/> State Government </div> <div style="width: 50%;"> <input type="checkbox"/> Trucking/Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): </div> </div>

VII. CERTIFICATION		
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.		
<u>Vipulkumar Patel</u> Printed Name and Title of Owner or Owner's Authorized Representative	 Signature	<u>2/8/2023</u> Date Signed

orcb.wmd@des.nh.gov

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

P O BOX 95, Concord, NH 03302-0095

<http://www.des.nh.gov/>