



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 #	199107004	Facility ID #	0111135
Facility Name:	ENFIELD GAS AND FOOD		
Physical Address of Facility:	497 RTE 4	Town/City:	ENFIELD

Please use NH DES Onestop website for all information requested

1B. Owner Information	
Name:	SBP REALTY LLC
Mailing Address:	497 US 4 ENFIELD NH 03748
Daytime Phone: 603-235-1429	Email (Optional):

2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: <div style="text-align: center; font-size: 1.2em;">OMNTEC</div>

Test Date: 10/23/23

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

Y = Yes, N = No, N/A = Not Applicable

UDC SENSOR / TANK / DAY TANK #:

		5	6a	6b	7
3.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y	Y	Y
4.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	Y	Y	Y	Y
	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all	Y	Y	Y	Y
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A	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.	Y	Y	N/A	Y
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y	N/A	Y
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y	Y	Y
9.	The leak monitor console <u>visual</u> alarms are operational and reset.	Y	Y	Y	Y
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	N/A	N/A
11.	All associated product pump circuits have been de-energized. (for triennial sump testing exemption)	N/A	N/A	N/A	N/A
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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

NHDES email: 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

www.des.nh.gov



Annual Line Leak Detector Test Form for AST and UST Systems

Oil Remediation and Compliance Bureau



AST: RSA 146-A, Env-Or 306.12; UST: RSA 146-C, Env-Or 406.07, 406.09

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.

NHDES 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.

THE OWNER SHALL SEND THE LLD TEST REPORT TO THE DEPARTMENT NO LATER THAN 30 DAYS AFTER THE DATE OF THE TEST.

Facility Information	
NHDES Site # 199107004	Facility ID # 0111135
Facility Name: ENFIELD GAS AND FOOD	
Physical Address of Facility: 497 RTE 4	Town/City: ENFIELD

Owner Information	
Name: SBP REALTY LLC	
Mailing Address: 497 US 4 ENFIELD NH 03748	
Daytime Phone: (603)-235-1429	Email (Optional):

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

Testing Information and Results: AST ☐ UST ☒ **Testing Date:** 10/23/23

Tank # (for split tanks use 1(a), 1(b))	Tank # 5	Tank # 6b	Tank # 7	Tank #	Tank #
Test Location:	DISPENSER	DISPENSER	DISPENSER		
Product Stored: (gas, diesel, etc.)	RNL	SNL	DSL		
Capacity: (gallons)	10000	3000	3000		
LLD Manufacturer:	FE PETRO	VEEDER ROOT	VEEDER ROOT		
LLD Model Number:	MLLD	FX1DV	FX1DV		
Tested Leak Rate: (gallons per hour)	3 GPH	3 GPH	3 GPH		
Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Complete the 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:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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.**

NHDES email: orcb.wmd@des.nh.gov

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

PO BOX 95, Concord, NH 03302-0095

www.des.nh.gov



Triennial Overfill Prevention Device Testing Form for Underground Storage Tank Systems

Oil Remediation and Compliance Bureau



RSA 146-C, Env-Or 406.07, 406.11

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 SEND THE TEST REPORT TO THE DEPARTMENT NO LATER THAN 30 DAYS AFTER THE DATE OF THE TEST.

1A. Facility Information			
NHDES Site #: 199107004	Facility ID #: 0111135		
Facility Name: ENFIELD GAS AND FOOD			
Physical Address of Facility:	497 RTE 4	Town/City:	ENFIELD

1B. Owner Information	
Name: SBP REALTY LLC	
Mailing Address: 497 US 4 ENFIELD NH 03748	
Daytime Phone: 603-235-1429	Email (Optional):

2. Type of overfill device, manufacturer's name, and model number	
DROP TUBE	OPW

3. PRIMARY OVERFILL PROTECTION TEST RESULTS:

TEST DATE: 10/23/23

Unless otherwise noted, complete the following checklist using:

Y = Yes, N = No, N/A = Not Applicable

Tank/Day Tank #		5	6a	6b	7
4.	The overfill console, if equipped, is correctly programmed and labeled.	N/A	N/A	N/A	N/A
5.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.	Y	Y	Y	Y
	Length of overfill device (in inches). Please explain how you reached these numbers on page 2 of this test form.	11	12	10	8.25
6.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.	Y	Y	Y	Y
7.	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)	N/A	N/A	N/A	N/A
8.	The <u>visual</u> alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	N/A	N/A	N/A	N/A
	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.	P	P	P	P

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.

NHDES email: 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

Certification – I hereby certify that I’m qualified to test the equipment identified in this document and tested for proper operation in accordance with Env-Or 400 and manufacturer's requirements.

Testing Company Name: GAFTEK Testing Company Phone # 603-736-5890
Testing Company Address: 2083 Dover Rd. Epsom NH 03234
Technician Name (Print): Jeff Normand Technician Signature: *Jeff Normand*
Certification # 70-6055 Expiration Date: 03/29/2024

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

T5 RNL
Drop tube top- 35
Drop tube total - 115
Riser - 25
Bottom of tank- 120

T6a RNL
Drop tube top- 36
Drop tube total-115.5
RISER-24
BOTTOM OF TANK-119.5

T6b SNL
Drop tube top-38
Drop tube total-118.5
RISER-28
BOTTOM OF TANK-123.5.

T7 DSL
Drop tube top-36
Drop tube total-76
RISER-26.25
BOTTOM OF TANK-89