



CP: Tanks

| Equipment # | Grade | Result |
|-------------|--------|--------|
| 8 | Diesel | ● Pass |

Overfill

| Equipment # | Grade | Overfill Type | Result |
|-------------|---------|-----------------------------------|--------|
| 8 | Diesel | Audible External High-Level Alarm | ● Pass |
| 10 | Regular | Audible External High-Level Alarm | ● Pass |

UST / AST Monitor

| Form Name | Result |
|-------------------|--------|
| UST / AST Monitor | ● Pass |

Facility # 198704093

Mekhi Garry

Felix Nguessan



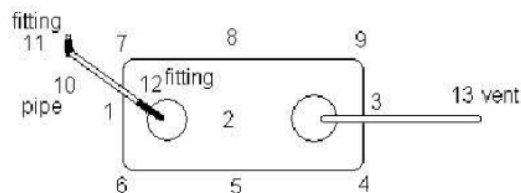
Corrosion Protection Testing Form for Underground and Aboveground Storage Tanks Oil Remediation and Compliance Bureau



RSA 146-C; Env-Or 406.07, 406.10

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 TEST REPORT TO NHDES
WITHIN 30 DAYS AFTER TESTING.**



| Facility Information | |
|--|-------------------------|
| NHDES Site # NH0018 | Facility ID # 198704093 |
| Facility Name: BP Service Station | |
| Physical Address of Facility: 4 Amherst Street | Town/City: Milford |

| Owner Information | |
|----------------------------------|-------------------|
| Name: Cross America Partners, LP | |
| Mailing Address: | |
| Daytime Phone: 6036721448 | Email (Optional): |

Date: 1/2/2024 CATHODIC PROTECTION SYSTEM (check one): ☒ Sacrificial or ☐ Impressed

Equipment used in testing: Volt Meter and Copper - Copper Sulfate Half-Cell

Tank System #: 8 Product Stored: Diesel Tank Size: 6012 gallons

| Test Locations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-------|------|------|---|------|------|---|---|---|----|----|----|----|
| Readings (-Volts) | -1011 | -995 | -998 | | -901 | -898 | | | | | | | |
| Native Voltage | | | | | | | | | | | | | |
| Instant Off | | | | | | | | | | | | | |
| Polarization (Mv) | | | | | 0 | 0 | | | | | | | |

| Tank: | | | Piping: | | | Fitting: | | | Vent: | | |
|--|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A |

Tank System #: Product Stored: Tank Size: gallons

| Test Locations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Readings (-Volts) | | | | | | | | | | | | | |
| Native Voltage | | | | | | | | | | | | | |
| Instant Off | | | | | | | | | | | | | |
| Polarization (Mv) | | | | | | | | | | | | | |

| Tank: | | | Piping: | | | Fitting: | | | Vent: | | |
|-------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A |

Note: Failed Corrosion Protection system must be repaired within 90 days or UST systems must be permanently closed.

I hereby certify that I am a qualified cathodic protection tester who has an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried tanks systems and piping.

Testing Company Name: Crompco LLC Testing Company Phone #: 800-646-3161
 Testing Company Address: 1815 Gallagher Road, Plymouth Meeting, PA
 Technician Name (Print): Felix Nguessan Technician Signature:
 NACE, ICC, or STI # Expiration Date:



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 #: | Facility ID #: 198704093 |
| Facility Name: BP Service Station | |
| Physical Address of Facility: 4 Amherst Street Town/City: Milford | |
| 1B. Owner Information | |
| Name: Cross America Partners, LP | |
| Mailing Address: | |
| Daytime Phone: () - 6036721448 | Email (Optional): |
| 2. Type of overfill device, manufacturer's name, and model number (List out all manufacturers and models if different): | |
| 8 | Veeder Root HLA |
| 10 | Veeder Root HLA |

3. PRIMARY OVERFILL PROTECTION TEST RESULTS:

TEST DATE: 1/2/2024

Unless otherwise noted, complete the following checklist using:

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

| | | Tank/Day Tank # | 8 | 10 | | |
|----|--|-----------------|------|------|--|--|
| 4. | The overfill console, if equipped, is correctly programmed and labeled. | | Yes | Yes | | |
| 5. | The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements. | | Yes | Yes | | |
| | Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form. | | 81 | 78 | | |
| 6. | The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements. | | Yes | Yes | | |
| 7. | The audible alarm, if equipped, is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds) | | Yes | Yes | | |
| 8. | The visual alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset) | | Yes | Yes | | |
| | 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. | | Pass | Pass | | |

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

www.des.nh.gov

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: Crompco, LLC **Testing Company Phone #** 610-278-7203

Testing Company Address: 1815 Gallagher Road, Plymouth Meeting, PA 19462

Technician Name (Print): Felix Nguessan **Technician Signature:** 

Certification # _____ **Expiration Date:** _____

Description of how and when any “No” 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 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 # NH0018 | Facility ID # 198704093 |
| Facility Name: BP Service Station | |
| Physical Address of Facility: 4 Amherst Street Town/City: Milford | |

| 1B. Owner Information | |
|----------------------------------|-------------------|
| Name: Cross America Partners, LP | |
| Mailing Address: | |
| Daytime Phone: () - 6036721448 | Email (Optional): |

| 2. Leak monitor protection equipment. (List all tested with manufacturer name and model numbers: | |
|--|---------|
| Veeder Root | TLS-350 |

Test Date: 1/2/2024

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

TANK/DAY TANK #:

| | | 8 | 10 | | |
|-----|---|---|-----|--|--|
| 3. | Leak monitor console assignments are correctly programmed and labeled for all sensors. | Yes | Yes | | |
| 4. | Tank secondary containment sensor is positioned per manufacturer's requirements. | Yes | Yes | | |
| | Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all | Yes | Yes | | |
| 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. | Yes | Yes | | |
| 7. | All sensors were visually inspected, manually tested, confirmed operational and reset. | Yes | Yes | | |
| 8. | The leak monitor console <u>audible</u> alarm is confirmed operational and reset. | Yes | Yes | | |
| 9. | The leak monitor console <u>visual</u> alarms are operational and reset. | Yes | Yes | | |
| 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) | 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

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

Testing Company Name: Crompco LLC Testing Company Phone # 800-646-3161

Testing Company Address: 1815 Gallagher Road, Plymouth Meeting, PA 19462

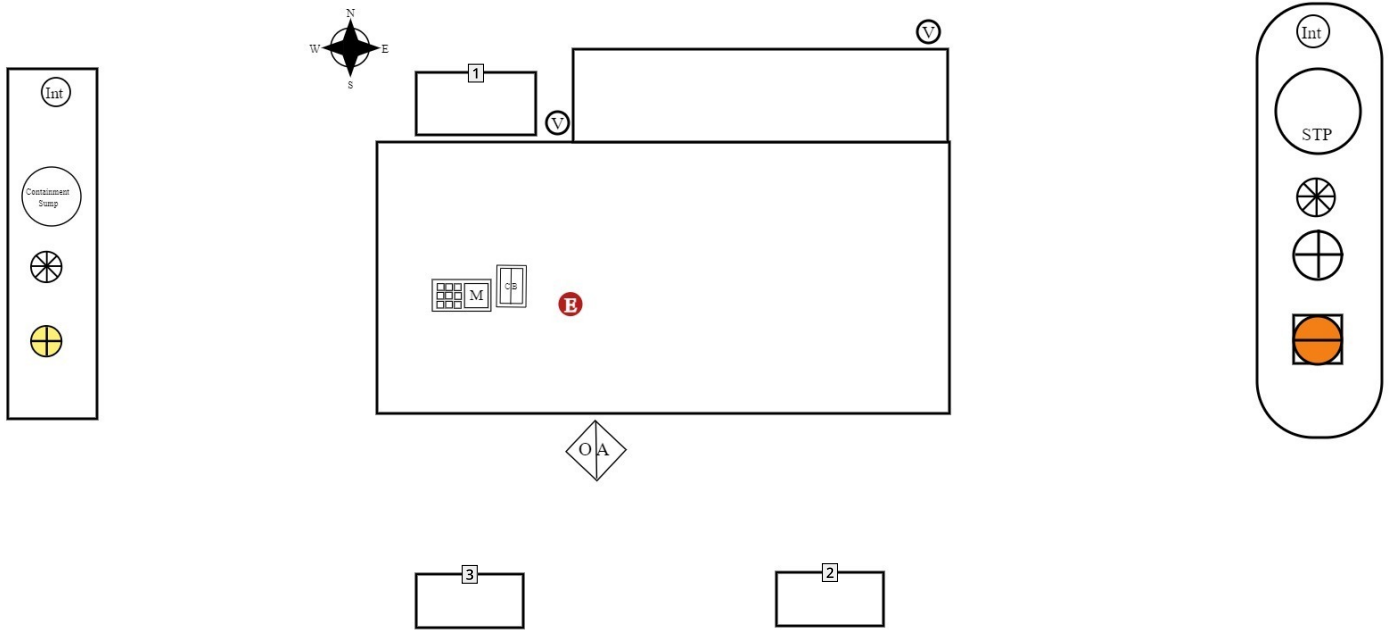
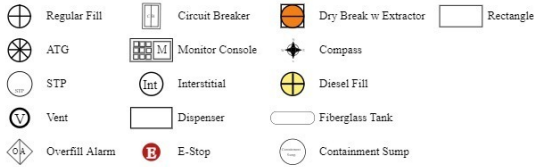
Technician Name (Print): Felix Nguessan Technician Signature: 

Certification # Expiration Date:

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



Diagram - Site Diagram (v15)



1: Rectangle - AST heating oil

2: Dispenser - 1/2 mpd

3: Dispenser - 3/4 diesel



Visit Verification

CUSTOMER
Cross America Partners, LP

LOCATION
#NH0018
4 Amherst Street
Milford, NH 03055

CONTACT
Cross America Partners, LP

SCHEDULED
01/02/2024 12:00am (EST)

ASSIGNED TO
Mekhi Garry, Felix Nguessan

SERVICE REASON
Maintenance

PRODUCTS & SERVICES

| Item | Qty |
|---------------------------|------|
| Expenses | |
| Fuel Surcharge | 1.00 |
| Services | |
| Overfill Verification | 1.00 |
| Monitor System Inspection | 1.00 |
| Steel Equipment | 1.00 |

CONFIRMATION
By signing this verification you are agreeing that we have performed and/or provided services and parts listed above.

Approver's Name
no name

Email

Signature Status
Nobody available to sign