

Triennial Spill Containment Integrity Test Form For Underground Storage Tank Systems



Waste Division/Oil Remediation and Compliance Bureau

	lule: RSA 146-C, En						
Facilit	y Name: LAKE	FOOD MART	JST Facility ID No.	:01	15700		
Facilit	zy Address:	425 LAKE AVE	City:	MANC	HESTE	R Zip: _	03103
UST S\	ystem Owner Name	: 425 LAKE AVE II	NC _{Owners}	Daytime Pho	one Number:	603-66	
		425 LAKE AVE MAN		NH 031	03		
A. S	pill Containment In	tegrity Test Results					
	Containment mod different):	del number and manufactur Fairfield SW 5 ç	`	out all man	ufacturer's	and model	s if
2.	Test Method:	Hydro					
			Tank #	1	1	2A	2A
3.	Specify if fill or	t. (F or VR)	F	VR	F	VR	
4.	The primary and free of debris, w	Υ	Y	Y	Y		
5.	Start time of tes	6:45 am	6:45 am	6:45 am	6:45 am		
6.	Liquid or pressur inches to the ne column or hg)	12-1/2"	12-1/2"	12-1/2"	12-1/2"		
7.	End time of test	7:45 am	7:45 am	7:45 am	7:45 am		
8.	Liquid or pressur inches to the ne column or hg)	12-1/2"	12-1/2"	12-1/2"	12-1/2"		
9.	In summary, the proper operation Enter "P" for Po	Р	Р	Р	Р		
descri	be on the reverse s	loss during the test period is ide of this form how and wher stem that is not equipped wit	n these items will	If your ans be correcte	d. Please be	e aware that	
l here	rtification by certify that I'm ordance with Env-	qualified to test the equipm Or 400 and manufacturer's re	ent identified in equirements.	this docum	ent and test	ed for prop	er operati
		Jason Harris		:	Gaftek	, Inc.	
		/ Zip:20					
	ester's Signature: Jason Harris CC CERTIFICATION - 8112384 Expires Phone No.: (603)736-5898 Test Date: 01/31/202						
C. Rec	06/16/2 cord Keeping and Re	2025 porting Instructions: The owner/o	operator must submit	a copy of the t	est report to NI	HDES within 30	davs of testir



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	ule: KSA 146-C, EllV-C											
Facilit	y Name: LAKE I	FOOD MART	UST Facility ID No	.:01	15700							
Facilit	y Address:	425 LAKE AVE	City:	MANC	HESTER	Zip: _	03103					
UST Sy	/stem Owner Name: _	425 LAKE AVE			one Number:							
		25 LAKE AVE MA		NH 031	03	,						
A. Spill Containment Integrity Test Results												
	Containment model number and manufacturer's name (List out all manufacturer's and models if different): Fairfield SW 5 gallon											
2.	Test Method:	Нус	dro									
			Tank #	2B	2B							
3.	Specify if fill or va	por recovery containm	F	VR								
4.	The primary and se free of debris, wat	Y	Y									
5.	Start time of test.	6:45 am	6:45 am									
6.	Liquid or pressure inches to the near column or hg)	12-1/2"	12-1/2"									
7.	End time of test.	7:45 am	7:45 am									
8.	Liquid or pressure inches to the near column or hg)	12-1/2"	12-1/2"									
9.	In summary, the s proper operation Enter "P" for Pass	Р	Р									
Please be aware that any loss during the test period is considered a fail. 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 no transfer shall be made to a UST system that is not equipped with spill containment as required by Env-Or 405.05.												
l here		ualified to test the equi 400 and manufacturer'		this docum	ent and teste	ed for prop	er operatior					
Tester	Name (print):	Jason Harris	Company Name	:	Gaftek,	Inc.						
Company Address / State / Zip: 2083 Dover Road Epsom, NH 03234												
Tester's Signature:		Jason Harris	Phone No.: (603)736-5898 Test Date: 01/31/202				31/2024					
Tester's Signature: Jason Harris Phone No.: (603)736-5898 Test Date: 01/31/2024 ICC CERTIFICATION #8112384 EXPIRES - 6/16/2025 C. Record Keeping and Reporting Instructions: The owner/operator must submit a copy of the test report to NHDES within 30 days of testing												