



# 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 #	200507041	Facility ID #	0115700
Facility Name:	LAKE FOOD MART		
Physical Address of Facility:	425 LAKE AVE	Town/City:	MANCHESTER

Please use NH DES Onestop website for all information requested

1B. Owner Information	
Name:	425 LAKE AVE INC
Mailing Address:	425 LAKE AVE MANCHESTER NH 03103
Daytime Phone: 603-669-4226	Email (Optional):

<b>2. Leak monitor protection equipment.</b> (List all tested with manufacturer name and model numbers: <div style="text-align: center; padding: 10px;">VEEDER ROOT TLS-350</div>
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**Test Date:** 01/31/2024

### ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

TANK / DAY TANK #:		1	2A	2B	
<b>3.</b>	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y	Y	
<b>4.</b>	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	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	
<b>5.</b>	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A	N/A	
<b>6.</b>	All secondary containment, including the interstitial space of double-walled sumps, is liquid tight and free of debris, water and regulated substance.	Y	Y	Y	
<b>7.</b>	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y	Y	
<b>8.</b>	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y	Y	
<b>9.</b>	The leak monitor console <u>visual</u> alarms are operational and reset.	Y	Y	Y	
<b>10.</b>	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	
<b>11.</b>	All associated product pump circuits have been de-energized. (for triennial sump testing exemption) <span style="color: green;">*See Question Below for UDC Sensors if applicable*</span>	N/A	N/A	N/A	
<b>12.</b>	<b>In summary</b> , 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](http://www.des.nh.gov)

**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: GAFTEK Inc. Testing Company Phone # 207-217-6515  
Testing Company Address: 2083 Dover Road, Epsom, NH 03235  
Technician Name (Print): Jason Harris Technician Signature: *Jason Harris*  
Certification # 8112384 Expiration Date: 06/16/2025

**Under Dispenser Containment (UDC) Positive Shut Down Sensors were visually inspected, manually tested, confirmed operational and reset. (Yes / NO / N/A):** N/A

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



# 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

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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 # 200507041	Facility ID # 0115700
Facility Name: LAKE FOOD MART	
Physical Address of Facility: 425 LAKE AVE	Town/City: MANCHESTER
Owner Information	
Name: 425 LAKE AVE INC	
Mailing Address: 425 LAKE AVE MANCHESTER NH 03103	
Daytime Phone: 603-669-4226	Email (Optional):

1. 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.
2. 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:** 01/31/2024

Tank # (for split tanks use 1(a), 1(b))	Tank # 1	Tank # 2B	Tank #	Tank #	Tank #
Test Location:	DISPENSER	DISPENSER			
Product Stored: (gas, diesel, etc.)	RNL	SNL			
Capacity: (gallons)	15000	7500			
LLD Manufacturer:	VEEDER ROOT	VEEDER ROOT			
LLD Model Number:	PLLD	PLLD			
Tested Leak Rate: (gallons per hour)	3 GPH	3 GPH			
<b>Results:</b>	<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	<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)					
<b>Results:</b>	<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.**

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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](http://www.des.nh.gov)

**Verification** – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements. (All fields completed)

Testing Company Name: GAFTEK Inc. Testing Company Phone #: 207-217-6515

Testing Company Address: 2083 Dover Road, Epsom, NH 03235

Technician Name (Print): Jason Harris Technician Signature: *Jason Harris*

Certification #: 8112384 Expiration Date: 06/16/2025



# 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 #: 200507041		Facility ID #: 0115700	
Facility Name: LAKE FOOD MART			
Physical Address of Facility: 425 LAKE AVE		Town/City: MANCHESTER	
1B. Owner Information			
Name: 425 LAKE AVE INC			
Mailing Address: 425 LAKE AVE MANCHESTER NH 03103			
Daytime Phone: 603-669-4226		Email (Optional):	
2. Type of overfill device, manufacturer's name, and model number			
DROP TUBE		EMCO WHEATON	

**3. PRIMARY OVERFILL PROTECTION TEST RESULTS:****TEST DATE:** 01/31/2024

Unless otherwise noted, complete the following checklist using:

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

		Tank/Day Tank #	1	2A	2B	
4.	The overfill console, if equipped, is correctly programmed and labeled.		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	
	Length of overfill device (in inches). Please explain how you reached these numbers on page 2 of this test form.		11.87	21"	12.37	
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	
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	
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	
	<b>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.</b> Enter "P" for Pass or "F" for Fail.		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

[www.des.nh.gov](http://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: GAFTEK Inc. Testing Company Phone # 207-217-6515  
 Testing Company Address: 2083 Dover Road, Epsom, NH 03235  
 Technician Name (Print): Jason Harris Technician Signature: *Jason Harris*  
 Certification # 8112384 Expiration Date: 06/16/2025

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

Tank #1 RNL(M) 15000 120" diameter

Overall - 163-3/4" Drop tube - 158-3/8" = 5-3/8"

Riser - 45-1/8" Flapper - 57" = 11-7/8"

95% - 108-1/4" = 11-3/4"

Tank #2A RNL(S) 7500 120" diameter

Overall - 166" drop tube - 161" = 5"

Riser - 47-5/8" Flapper - 60" = 12-3/8"

95% - 108-1/4" = 11-3/4"

Tank #2B SNL 7500 120" diameter

Has a Ball Float - 21" long