



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									
<p>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.</p> <p>Also, provide a site plan and facility layout. (May be an accurate hand sketch).</p> <p>If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Received:</td> <td></td> </tr> <tr> <td>Site #:</td> <td>198704093</td> </tr> <tr> <td>Facility #</td> <td>0113095</td> </tr> <tr> <td>Active Tanks:</td> <td>Closed Tanks:</td> </tr> </table>	Date Received:		Site #:	198704093	Facility #	0113095	Active Tanks:	Closed Tanks:
Date Received:									
Site #:	198704093								
Facility #	0113095								
Active Tanks:	Closed Tanks:								

I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK(S)		
NHLG-UST LLC c/o Lehigh Gas Corp Tank Owner Name			NH0018 Facility Name		
645 Hamilton St., Suite 400 Mailing Address			4 AMHERST STREET Street Address		
Allentown City	PA State	18101 ZIP Code	MILFORD City	NH State	03055 ZIP Code
610-625-8061 Phone Number (include area code)		Jholland@caplp.com Email Address	Hillsborough County		
III. LANDOWNER (if different than Tank Owner)			IV. Person Responsible for Maintenance & Regulatory Compliance		
Getty Properties Corp. Landowner Name			Jeremy Holland Director of Facilities Contact Name and Title		
292 Madison Ave., 9th Floor Mailing Address			645 Hamilton St., Suite 400 Mailing Address		
New York City	NY State	10017 ZIP Code	Allentown City	PA State	18088 ZIP Code
646-349-0796 Phone Number (include area code)		mtartaglia@gettyrealty.com Email Address	610-625-8061 Phone Number (include area code)		Jholland@caplp.com Email Address
V. Owner Type					
<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	
VI. Facility Type					
<input type="checkbox"/> Air Taxi	<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Contractor	
<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	
<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Petroleum Distrib	<input type="checkbox"/> Motor Fuel Disp.	<input type="checkbox"/> Railroad	<input type="checkbox"/> State Gov't	
<input type="checkbox"/> Trucking/ Transportation	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other (explain):			
VII. CERTIFICATION					
<p>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.</p>					
Jeremy Holland Director of Facilities					1-27-24
Printed Name and Title of Owner or Owner's Authorized Representative			Signature		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/>

Tank Identification Number List compartment Tank System No. as 1a, 1b, 2a, 2b etc.	Tank No. 8		Tank No. 10		Tank No.		Tank No.	
7. Piping Material	SW <input checked="" type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input checked="" type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>
	Pri	Sec	Pri	Sec	Pri	Sec	Pri	Sec
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Unknown, Please Specify								
Piping Manufacturer								
Model Number								
8. Piping System								
Suction (no check valve at tank)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Suction (check valve at tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pressure	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gravity	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Siphon	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Line Leak Detector Manufacturer								
Installation Date								
Last Annual Line Leak Detector Test Date								
9A. Spill Bucket (Fill)								
Spill Bucket Design	SW <input checked="" type="checkbox"/>	DW <input type="checkbox"/>	SW <input checked="" type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>
Installation Date								
Last Triennial Spill Bucket Tightness Test Date								
9B. Spill Bucket (Vapor)								
Spill Bucket Design	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input checked="" type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>
Installation Date								
Last Triennial Spill Bucket Tightness Test Date								
10. Primary Overfill Device Installed (date)								
Ball Float	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Shut Off Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Audible High-Level Alarm	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other, Please Specify								
Last Triennial Overfill Device Test Date:								
11. Leak Monitoring / Release Detection								
Tank Interstitial Monitor (manufacturer)								
Piping Interstitial Monitor (manufacturer)								
Leak Monitor Installed Date								
Last Annual Leak Monitor Test Date								
Other								

Tank Identification Number List compartment Tank System No. as 1a, 1b, 2a, 2b etc.		Tank No. 8	Tank No. 10	Tank No.	Tank No.
12. Corrosion Protection (Tank = T; Piping = P; Flex Conn or Fittings = F)	Sacrificial Anodes	<input checked="" type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T
		<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P
		<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	Impressed Current	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T
		<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P
		<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	Other	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T	<input type="checkbox"/> T
		<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P	<input type="checkbox"/> P
		<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	Installation Date:				
Last Triennial Corrosion Protection Test:					
13. Primary Containment Testing	Date				
	Results				
14. Tightness Testing	Tank	Date			
		Results			
	Piping	Date			
		Results			
15. Day Tanks					
Tanks Associated with Day Tanks(list tank #s)					
Capacity					
Secondary Containment (Double Walled or Rupture Basin)		RB <input type="checkbox"/>	DW <input type="checkbox"/>	RB <input type="checkbox"/>	DW <input type="checkbox"/>
Manufacturer					
Installation Date					
Last High Level Alarm Test Date					
Last Annual Overfill Test Date					
Last Annual Leak Monitor/Rupture Basin Test Date					
16. Sumps (Add copies of page 4 for more sumps)					
Tanks Associated with Sumps(list tank #s)					
Type of Sump	<input type="checkbox"/> Dispenser	<input type="checkbox"/> Dispenser	<input type="checkbox"/> Dispenser	<input type="checkbox"/> Dispenser	
	<input type="checkbox"/> Piping	<input type="checkbox"/> Piping	<input type="checkbox"/> Piping	<input type="checkbox"/> Piping	
	<input type="checkbox"/> Transition	<input type="checkbox"/> Transition	<input type="checkbox"/> Transition	<input type="checkbox"/> Transition	
Sump Design	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input type="checkbox"/>	
Sump Material					
Sump Manufacturer					
Installation Date					
Shutdown Sensor Installed Date					
Last Annual Shutdown Sensor Test Date					
Last Triennial Sump Tightness Test Date					
17. System	Has tank been repaired?	NO			
	Has piping been repaired?	NO			

IX. OWNERS FINANCIAL RESPONSIBILITY**Env-Or 404.12 Financial Responsibility.**

- (a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than
- (1) \$1,000,000 per occurrence; and
 - (2) An annual aggregate of:
 - a. \$1,000,000 if one to 100 UST systems are owned; or
 - b. \$2,000,000 if 101 or more UST systems are owned.
- (b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.
- (c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-E, or RSA 146-F.

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules: Yes ☐ No ☐

X. FINAL CERTIFICATION (For all installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval.

Print Name	Signature	Date
NH PE: _____	OR, ICC: _____	
License Number	Expiration Date	Certification # for UST Installation/Retrofitting
		Expiration Date

XI. STAGE I VAPOR RECOVERY (Gasoline Systems Only)

Annual Gasoline Throughput* - All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

**Throughput required for facilities with only Stage I equipment*

Stage I

Stage II

Equipment

Coaxial:
Two Point:
Dry Break on Manifold:
Other:
Date of Installation:

Installer:

Type Equipment:

Date of Installation:
Last Annual Vapor Recovery
Maintenance Inspection:

Installer:

Total # of Dispensers:
Total # of Nozzles:
Total # of Gas Tanks:



UNDERGROUND STORAGE TANK (UST) FACILITIES A/B OPERATOR STATEMENT OF TRAINING RECORD OIL REMEDIATION AND COMPLIANCE BUREAU



RSA 146-C:17 – C:21

Facility ID # _____ NHDES Site ID # _____

Facility Name: _____

Facility Location: _____

Facility Town/City: _____

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

Class A Operator	Please check one: Replacement <input type="checkbox"/> Additional <input type="checkbox"/>
Name: _____	
Training Date: _____ Expiration Date: _____	
Approved Training Program: _____ Dispensing <input type="checkbox"/> Non-Dispensing <input type="checkbox"/>	
Email Address (optional): _____	
Class A Operator Signature	Date: _____

Class B Operator	Please check one: Replacement <input type="checkbox"/> Additional <input type="checkbox"/>
Name: _____	
Training Date: _____ Expiration Date: _____	
Approved Training Program: _____ Dispensing <input type="checkbox"/> Non-Dispensing <input type="checkbox"/>	
Email Address (optional): _____	
Class B Operator Signature	Date: _____

Owner	
Name: _____	
Address: _____	
Owner City and State: _____	
Owner Signature	Date: _____

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.

Please write names of operators to be removed here: _____

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