



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

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 # 199012028	Facility ID # 0111679
Facility Name: Dover, Mobil	Town/City: Dover
Physical Address of Facility: 221 Central Ave	

1B. Owner Information	
Name: RUHI LLC (Tejaskumar Patel)	
Mailing Address: 221 Central Ave	
Daytime Phone:	Email: tejaspatel1211@gmail.com

2. 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.
3. Line leak detector is required to be tested in-place. Do not remove and test outside the system.

Test Date: 3/22/2024

Testing Information and Results: **AST** ☐ **UST** ☒

Tank # (for split tanks use 1(a), 1(b))	Tank # 8	Tank # 9	Tank #	Tank #	Tank #
Test Location:	At Dispens	At Dispens			
Product Stored: (gas, diesel, etc.)	Gasoline	Gasoline			
Capacity: (gallons)	8,000	6,000			
LLD Manufacturer:	Red Jacket	Red Jacket			
LLD Model Number:	FX1V	FX1V			
Tested Leak Rate: (gallons per hour)	3	3			
Results:	<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)					
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.**

ORCB.WMD@des.nh.gov

Telephone: [\(603\) 271-3899](tel:(603)271-3899)

Fax: (603) 271-2181

TDD Access: Relay NH [\(800\) 735-2964](tel:(800)735-2964)


PO BOX 95, Concord, NH 03302-0095

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: Mass Tank Inspection Services Testing Company Phone # 508-923-3445

Testing Company Address: 29 Abbey Lane, Middleboro, MA 02346

Technician Name (Print): Devin Lima Technician Signature: 

Certification # 56-5195 Expiration Date: 5/15/2024



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 # 199012028	Facility ID # 0111679
Facility Name: Dover, Mobil	
Physical Address of Facility: 221 Central Ave	
Town/City: Dover	

1B. Owner Information	
Name: RUHI LLC (Tejaskumar Patel)	
Mailing Address: 221 Central Ave	
Daytime Phone: () -	Email (Optional): tejaspatel1211@gmail.com

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

Test Date: 3/22/2024

ANNUAL LEAK MONITORING TEST RESULTS:

Complete the following checklist using:

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

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

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: Mass Tank Inspection Services Testing Company Phone # 508-923-3445

Testing Company Address: 29 Abbey Lane, Middleboro, MA

Technician Name (Print): Devin Lima Technician Signature: 

Certification # 56-5195 Expiration Date: 5/15/2024

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



INSPECTION & SERVICES

29 Abbey Lane, Middleboro, MA 02346 508.923.3445 www.masstankinspection.com

Annual Testing for UST Systems

Facility Profile

Facility Name: RUHI , INC.	UST Facility ID# 0111679
Physical Address: 221 CENTRAL AVE. DOVER , NH 03820	
Primary Contact Name:	Contact Phone #:

UST System Use: Gasoline/Diesel Dispensing Facility



UST Construction Type: Double-Walled



Piping Construction Type: Double-Walled



UST System Contents: ☒ Gasoline - All Grades ☐ Diesel ☐ Heating Fuel (all grades)

(check all that apply) ☐ Mixture ☐ Jet Fuel/Av Gas ☐ Lube/Motor Oils ☐ Other Hazardous Substance:

Tester Information

Company Name: Mass Tank Inspection & Services	Company Phone #: 508-923-3445
Mailing Address: 29 Abbey Lane, Middleboro, MA 02346	
Tester Name: D. LIMA	Tester Phone #:

Test Summary

Date of Test/Inspection: 3-22-24

☐

Check here if this is a re-test due to a failed test

Tester Signature:

This form contains results for the
Following tests and/or Inspections:

☐

Continuous Monitoring System & Liquid Level Sensors

☐

ATG Operation & Inspection

☒

Shear Valve Operation

☒

Overfill Protection Devices

☐

UST Interstitial Space Sensor

☐

Line Leak Detector

Shear/Crash Valve Operation

Facility Address: 221 CENTRAL AVE. DOVER , NH 03820

Facility ID# 0111679

Test Date: 3-22-24

What Type of piping system does this UST Facility Use? ☒ Pressurized ☐ Suction ☐ No Piping

Dispenser #	1,2	3,4	5,6				
Shear Valve Type	<input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	<input type="checkbox"/> Liquid <input type="checkbox"/> Vapor
Is the valve rigidly anchored to the dispenser box frame or dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Istheshear sectionpositioned between 1/2" above or below the top surface of the dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the lever arm free to move?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the poppet valve automatically snap shut?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When the poppet valve is closed is the flow of product fully stopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all test or quick disconnect fittings that reach above the shear point of the valve been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answers to any of the above are "No", the valve has failed and the dispense must immediately be taken out of service							
FINAL RESULT:	<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	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Were repairs required to achieve a passing result? ☒ Yes ☐ No

Comments or Description of Repairs Performed:

Overfill Prevention Device

Facility Address: 221 CENTRAL AVE. DOVER , NH 03820

Facility ID # 0111679 Test Date: 3-22-24

What is the primary means of overfill protection: ☐ Ball Float ☐ Overfill Alarm ☒ Automatic Shutoff Valve

Ball Float Valve						
UST #						
Was ball float removed for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are tank top fittings vapor and liquid tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is ball free of holes, cracks, or other damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does ball move freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is vent hole in pipe open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measured depth at which the installed ball float would begin to restrict flow (inches)						
Depth at which UST is 90% full according to manufacturer's tank charts (inches)?						
Is the ball float pipe the proper length to restrict flow at 90% capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Automatic Shutoff Device (Flapper Valve)						
UST #	T8 RNL	T9 SNL				
Was the drop tube removed from the tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is drop tube free of debris or obstructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does float move freely without binding and does poppet move into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is flapper set to shutoff at 95% capacity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is drop tube free of corrosion or other damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remote Overfill Alarm	
What does the overfill alarm use to measure UST liquid level?	<input type="checkbox"/> ATG <input type="checkbox"/> Liquid Level Sensor or Float
Does overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When activated, can the overfill alarm be heard and seen from the fill point?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does manually moving the product level float(s) to the 90% level trigger the alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the ATG removed, inspected, and found to be fully operational as described on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measured product depth at which the installed alarm would activate (inches)	A
Depth at which UST is 90% full according to manufacturer's tank charts (inches)	B
Is A < B?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the above are "No", the overfill device is considered failed.

Overfill Prevention Device Component Final Result: ☒ Pass ☐ Fail



INSPECTION & SERVICES

Stage I Pressure Decay

Test Location Information		Test Date: 03/22/24	
Facility	RUHI , INC.	Technician's Information	
Address	221 CENTRAL AVE.	Name	D. LIMA
City / State	DOVER . NH 03820	Phone	401.787.8187
Contact		Company	MASS TANK INSPECTION SERVICES
Contact Phone		Company Phone	508.923.3445

System Information

Test Time:	10:45 AM	Manifolded:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Product Type:	Gasoline	Vapor Tie Test:	PASS <input checked="" type="checkbox"/>	FAIL <input type="checkbox"/>	N/A <input type="checkbox"/>
System Type:	EBW <input type="checkbox"/> EMCO <input type="checkbox"/> OPW <input type="checkbox"/> PHIL TITE <input type="checkbox"/> COMPONENT EVR <input checked="" type="checkbox"/>	Dual Point <input checked="" type="checkbox"/>	Coaxial <input type="checkbox"/>		

Test Results

Tank #:	1	2	3	4
1 Product Grade	REG NL	PRE NL		
2 Actual Tank Capacity, Gallons	8000	8000		
3 Product Volume	4176	1052		
4 Ullage, Gallons (#2-#3)	3824	6948		
5 Total Ullage	10772			
6 Total Decay Allowable	9.55			
7 Initial Pressure, Inches H2O	10"			
8 Pressure After 1 Minute, Inches H2O	10"			
9 Pressure After 2 Minute, Inches H2O	10"			
10 Pressure After 3 Minute, Inches H2O	9.9"			
11 Pressure After 4 Minute, Inches H2O	9.9"			
12 FINAL Pressure After 5 Minutes Inches H2O	9.85"			

Notes:

Pass: ☒ Fail: ☐

Pressure Vacuum Vent Test

P/V Manufacturer:	OPW	Model #:	523 V
Positive Cracking Pressure	3.8"	Negative Cracking Pressure	7.2"
		Pass: <input checked="" type="checkbox"/>	Fail: <input type="checkbox"/>
P/V Manufacturer:		Model #:	
Positive Cracking Pressure		Negative Cracking Pressure	
		Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>
P/V Manufacturer:		Model #:	
Positive Cracking Pressure		Negative Cracking Pressure	
		Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>

Technician Signature:

D. Lima

Date: 03/22/24