



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	
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.	
Also, provide a site plan and facility layout. (May be an accurate hand sketch).	
If ownership is changing, please submit a completed Statement of Training form designating your class A and B operators.	
Date Received:	
Site #:	
Facility #	
Active Tanks:	Closed Tanks:

I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK(S)		
Tank Owner Name <i>Heavy Hitters LLC</i>			Facility Name <i>Heavy Hitters LLC</i>		
Mailing Address <i>219 Main Street</i>			Street Address <i>219 Main Street</i>		
City <i>Hampstead</i>	State <i>NH</i>	ZIP Code <i>03841</i>	City <i>Hampstead</i>	State <i>NH</i>	ZIP Code <i>03841</i>
Phone Number (include area code) <i>781-281-4744</i>		Email Address <i>Heavyhittershampstead@gmail.com</i>	County <i>Rockingham</i>		
III. LANDOWNER (if different than Tank Owner)			IV. Person Responsible for Maintenance & Regulatory Compliance		
Landowner Name <i>- Same -</i>			Contact Name and Title <i>Adam Maroun - President</i>		
Mailing Address			Mailing Address <i>219 Main Street</i>		
City	State	ZIP Code	City <i>Hampstead</i>	State <i>NH</i>	ZIP Code <i>03841</i>
Phone Number (include area code)		Email Address	Phone Number (include area code)		Email Address
V. Owner Type					
<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Commercial	<input checked="" 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 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 checked="" type="checkbox"/> Other (explain): <i>EXPANDED CONVENIENCE STORE</i>			
VII. CERTIFICATION					
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.					
Printed Name and Title of Owner or Owner's Authorized Representative <i>Adam Maroun - Managing member</i>			Signature <i>Adam Maroun</i>		Date Signed <i>3-31-24</i>

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/>

VIII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)				
Tank Identification Number List compartment Tank System No. as 1a, 1b, 2a, 2b etc.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (mark only one)				
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Temporary Closed (less than 1" of substance stored)	UNKNOWN			
Date Permanently Closed (removed or filled in place)				
Date of Amended Information				
2. Date of Installation/Age of Tanks				
Date of Piping Installation				
3. Compartment Tank (List each tank's compartment (gallons) in separate column)	6000			
4. Estimated Total Capacity (gallons) (Identify tanks that are siphoned together)	6000			
5. Substance Currently or Last Stored				
Heating Oil (#2, #4, #6)				
Aviation Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biodiesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Generator Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline (specify grade: Reg, Mid, Super, etc.)				
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubrication Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Road Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Distillate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racing Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance, Please Specify				
Other, Please Specify				
6. Tank Material				
Single Wall (SW)/Double Wall (DW)	SW <input type="checkbox"/> DW <input type="checkbox"/>	SW <input type="checkbox"/> DW <input type="checkbox"/>	SW <input type="checkbox"/> DW <input type="checkbox"/>	SW <input type="checkbox"/> DW <input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<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"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	UNKNOWN			
Tank Manufacturer				

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Tank Identification Number List compartment Tank System No. as 1a, 1b, 2a, 2b etc.	Tank No.		Tank No.		Tank No.		Tank No.	
	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input type="checkbox"/>	DW <input 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
7. Piping Material								
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 type="checkbox"/>	<input type="checkbox"/>	<input 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	Unknown							
Piping Manufacturer								
Model Number								
8. Piping System								
Suction (no check valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Leak Detector Manufacturer	Unknown							
Installation Date								
Last Annual Line Leak Detector Test Date								
9A. Spill Bucket (Fill)	Unknown							
Spill Bucket Design	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input 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)	Unknown							
Spill Bucket Design	SW <input type="checkbox"/>	DW <input type="checkbox"/>	SW <input 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)	Unknown							
Ball Float	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible High-Level Alarm	<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, Please Specify								
Last Triennial Overfill Device Test Date:								
11. Leak Monitoring / Release Detection								
Tank Interstitial Monitor (manufacturer)	Unknown							
Piping Interstitial Monitor (manufacturer)								
Leak Monitor Installed Date								
Last Annual Leak Monitor Test Date								
Other								

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Tank Identification Number List compartment Tank System No. as 1a, 1b, 2a, 2b etc.		Tank No.	Tank No.	Tank No.	Tank No.
12. Corrosion Protection (Tank = T; Piping = P; Flex Conn or Fittings = F)	Sacrificial Anodes	<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
	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?				
	Has piping been repaired?				

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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: Adam Maroun Signature: [Signature] Date: 3-31-24
 NH PE: 199611004 OR, ICC: 0110045
 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

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

Installer:

Stage II

Type Equipment:

Date of Installation:
Last Annual Vapor Recovery
Maintenance Inspection:

Installer:

Equipment

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

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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 # 0110065 NHDES Site ID # 1996 11004
 Facility Name: Heavy Hitters LLC
 Facility Location: 219 Main Street
 Facility Town/City: Hampstead NH 03841

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: <u>Need Training</u>			
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: Unknown