

# Triennial Spill Containment Integrity Test Form for Underground Storage Tank Systems

Oil Remediation and Compliance Bureau

RSA 146-C, Env-Or 406.07, 406.12

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/operator must submit a copy of the test report to NHDES within 30 days of testing.

Facility Information	
NHDES Site # 199012028	Facility ID # 0111679
Facility Name: Mobil	
Physical Address of Facility: 221 Central Avenue	Town/City: Dover
Owner Information	
Name: Tejaskumar Patel	
Mailing Address: 221 Central Avenue	
Daytime Phone: (978) 627-1708	Email (Optional):

Test Date: 4/9/2024

1. Containment model number and manufacturer's name (List out all manufacturers and models if different.):  
Fairfield SCM-5

2. Test Method: Hydroststic

SPILL CONTAINMENT INTEGRITY TEST RESULTS:		Tank #	8	9		
3.	Specify single-walled or double-walled (SW or DW)		SW	DW	SW	SW
4.	Specify is fill or vapor recovery containment (F of VR)		FILL	FILL	VR	FILL
5.	The primary and secondary containment, if applicable, is free of debris, water, and regulated substance. (Y or N)		YES	YES	YES	YES
6.	Start time of test.		12:15	13:00		
7.	Liquid or pressure level at beginning of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		11.5"	30" iNwC		
8.	End time of test.		13:15"	13:01		
9.	Liquid or pressure level at end of test. (hydrostatic: inches to the nearest 1/8 inch) (vacuum: inches water column or hg)		11.5"	30" iNwC		
10.	In summary, the spill bucket is confirmed to be in proper operation per manufacturer's requirements. Enter "P" for Pass or "F" for Fail		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. Any tightness test failure shall be reported to NHDES within 24 hours of receiving notice of failure. Please be

**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: Tanner Hill Petroleum

Testing Company Phone #: 603-466-5353

Testing Company Address: 41 Grumpy Old Men Road, Shelburne NH 03581

Technician Name (Print): Jeff Normand

Technician Signature: \_\_\_\_\_

*Jeff Normand*

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