

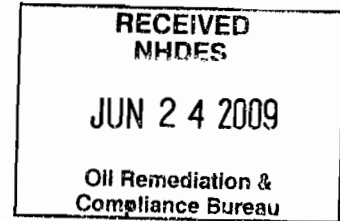
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SOVEREIGN CONSULTING INC.

June 23, 2009  
UPS#: 1Z96964F0399808609

Joyce P. Bledsoe, P.G.  
Fund Management Section  
Oil Remediation & Compliance Bureau  
NHDES - WMD  
29 Hazen Drive  
Concord, NH 03302-0095



Re: Rochester, 198 Milton Road (SR 125), Shell Service Station No. 167463, Request for Reimbursement No. 26, \$2,960.00, NHDES No. 200106023

Dear Ms. Bledsoe:

The following work at the above referenced site is complete:

- One Day Groundwater Monitoring and Report (1-5)
- MW Decommission or Road Box Replacement Coordination
- Laboratory Analyses dated 4/09

Attached, please find the following documents in support of this reimbursement request:

- *Request for Reimbursement Authorization: On file for Motiva Enterprises LLC*
- *Private Insurance Coverage Information: On file for Motiva Enterprises LLC*
- *Facility or Property Ownership Transfer Information: On file for Motiva Enterprises LLC*
- *Facility Compliance Information: On file for Motiva Enterprises LLC*
- *Applicant Contract Including Waiver of Claims: Attached*
- *Listing of Invoices: Attached*
- *NHDES Work Scope/Change Order Authorizations: Groundwater Management Permit Attached*
- *Contractor and Subcontractor Invoices: Sovereign Consulting Invoices Attached. Subcontractor invoices attached.*
- *Activity Reports Not Previously Submitted to NHDES: Previously Submitted*

The payment should be directed to:

Sovereign Consulting, Inc.  
Mr. James Volz  
6 Terri Lane  
Suite 500  
Burlington, NJ 08046

Please call Antonietta Zambito at 508-339-3200 if you have questions.

Sincerely,

  
Antonietta Zambito  
Assistant Accounting Specialist



**Waste Management Division  
PO Box 95, 29 Hazen Drive  
Concord, NH 03302**

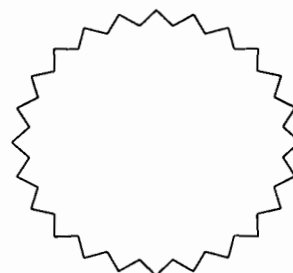
**Type of Submittal (Check One-Most Applicable)**

<input type="checkbox"/> Work Scope <input checked="" type="checkbox"/> Reimbursement Request	<input type="checkbox"/> Remedial Action <ul style="list-style-type: none"> <li>• Remedial Action Plan</li> <li>• Bid Plans and Specifications</li> <li>• Remedial Action Implementation Report</li> </ul>
<input type="checkbox"/> UST Facility Report <input type="checkbox"/> AST Facility Report	<input type="checkbox"/> Treatment System and POE O&M <input type="checkbox"/> Activity and Use Restriction
<input type="checkbox"/> Emergency/Initial Response Action <input type="checkbox"/> Groundwater Quality Assessment	<input type="checkbox"/> Temporary Surface Water Discharge Permit
<input type="checkbox"/> Initial Site Characterization <input type="checkbox"/> Site Investigation <ul style="list-style-type: none"> <li>• Site Investigation Report</li> <li>• Supplemental Site Investigation Report</li> <li>• GMZ Delineation</li> <li>• Source Area Investigation</li> <li>• Data Submittal</li> <li>• Annual Summary Report</li> </ul> <input type="checkbox"/> Unsolicited Environmental Sampling Notification <input type="checkbox"/> Closure Documentation	Groundwater Management Permit <ul style="list-style-type: none"> <li>• Permit Application</li> <li>• Renewal Application</li> <li>• Deed Recordation Documentation</li> <li>• Abutter Notification Documentation</li> <li>• Release of Recordation</li> </ul> Data Submittal Annual Summary Report

**REIMBURSEMENT REQUEST**  
**Shell Service Station Number 167463**  
**198 Milton Road (SR 125)**  
**Rochester, New Hampshire**  
**NHDES Site #200106023**  
**Leaking Underground Storage Tank**  
**Project Number**

Prepared For:  
 Motiva Enterprises LLC  
 1830 South Road, Unit 24, PMB 301  
 Wappingers Falls, NY 12590  
 Phone Number (845) 462-5225  
 Contact: David Weeks

Prepared By:  
 Sovereign Consulting Inc.  
 905B South Main Street, Unit 202  
 Mansfield, MA 02048  
 Phone Number (508) 339-3200  
 Contact: Antonietta Zambito



June 23, 2009

**Recommended Risk Category (Check One)**

<input type="checkbox"/> 1. Immediate Human Health Risk (Impacted water supply well, etc.)	<input type="checkbox"/> 4. Surface Water Impact	<input checked="" type="checkbox"/> 7. Alternate Water Available/Low Level Groundwater Contamin- ation (< 1,000 x AGQS)
<input type="checkbox"/> 2. Potential Human Health Risk (Water supply well within 1000' or Site within SWPA)	<input type="checkbox"/> 5. No Alternate Water Available/No Existing Wells in Area	<input type="checkbox"/> 8. No AGQS Violation/No Source Remaining
<input type="checkbox"/> 3. Free Product or Source Hazard	<input type="checkbox"/> 6. Alternate Water Available/High Level Groundwater Contamination (> 1,000 x AGQS)	<input type="checkbox"/> Closure Recommended



## APPLICANT CONTRACT INCLUDING WAIVER OF CLAIMS

Sovereign Consulting Inc. (Sovereign) has entered into an agreement to conduct environmental services for Motiva Enterprises LLC (Motiva) for several New Hampshire Department of Environmental Services (NHDES) sites. Signed and dated contracts for the subject work are attached (see attached Project Authorization Forms).

As part of the agreement, Sovereign will be the Applicant for direct reimbursement from the Oil Fund Disbursement Fund for work authorized by the New Hampshire Department of Environmental Services.

Pursuant to NH Administrative Rule Part Odb 406.03, Sovereign agrees to waive all claims against Motiva for payment of services performed within the limits of the contract.

Shell Oil Products US on behalf of  
Motiva Enterprises LLC

By: David B Weeks

David B Weeks  
Print Name

Title: SA ENV. ENGINEER

Date: May 17, 2007

Sovereign Consulting Inc.

By: Eric D. Simpson

Eric D. Simpson  
Print Name

Title: Operations Manager

Date: May 17, 2007

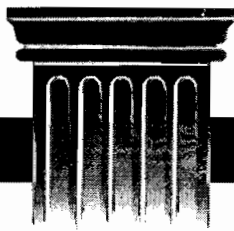


NHDES#:	200106023
Site/Project Name:	Shell Service Station #167463

REQUEST FOR REIMBURSEMENT - SUMMARY OF INVOICED COSTS

INVOICE DATE	INVOICE NO.	WSA# DATE	PHASE CODE	REQ. NO.	CONTRACTOR AS APPLICABLE	SUB-CONTRACTOR (AS APPLICABLE)	TASK NO.	DESCRIPTION OF WORK (3) (Justify all cost overages)	TASK % COMP.	% of Mark-up	Amount of Mark-up	TASK BUDGET (If Applicable)	AMOUNT REQUESTED	BUDGET BALANCE (If Applicable)
05/28/09	41256	1/26/2006	GMP	26	Sovereign			One Day Groundwater Monitoring Report (1-5)	100%	0%	\$0.00	\$ 1,200.00	\$1,177.50	\$22.50
05/28/09	41256	1/26/2006	GMP	26	Sovereign	Geosearch Inc.		MW Decommission or Road Box Replacement Coordination	100%	0%	\$0.00	UPC	\$650.00	(\$650.00)
05/28/09	41256	1/26/2006	GMP	26	Sovereign			15% Geosearch mark-up	100%	15%	\$97.50	Actual	\$97.50	(\$97.50)
05/28/09	41256	1/26/2006	GMP	26	Sovereign	Accutest Laboratories		Laboratory Analyses	100%	0%	\$0.00	UPC	\$900.00	(\$900.00)
05/28/09	41256	1/26/2006	GMP	26	Sovereign			15% Lab Mark-Up	100%	15%	\$135.00	Actual	\$135.00	(\$135.00)
</														





# SOVEREIGN CONSULTING INC.

## Invoice

REMIT TO:  
6 Terri Lane, Suite 500  
Burlington, NJ 08016  
EIN: 22-3626647

David Weeks  
Shell Oil Products U.S.  
PMB 301  
1830 South Road - Unit 24  
Wappinger Falls, NY 12590

Project Manager: Neil Schofield

May 28, 2009  
Invoice No: 41256

EQ794.408

Shell Facility - Rochester, NH, 198 Milton Road/SR 125, Strafford  
County, Incident # 97294173, SAP/Location # 167463

**Professional Services for the Period: April 1, 2009 to April 30, 2009**

Task	18	One Day Groundwater Monitoring and Report (1-5 MWs)			
Professional Services					
			Hours	Rate	Amount
Technician II					
Carriero, Alicia	4/20/09		6.75	45.00	303.75
Foley, Erin	4/20/09		5.75	45.00	258.75
Field Eng. / Sci. I					
Bishop, Aaron	4/28/09		5.00	55.00	275.00
Rochester 45 day report					
Project Manager					
Schofield, Neil	4/27/09		2.00	95.00	190.00
Totals			19.50		1,027.50
Total Professional Services					1,027.50

**Equipment/Materials**

Geotech II Peristaltic Pump					
4/20/09	1.0 Day @ 25.00			25.00	
Solinst Model 101 WLM					
4/20/09	1.0 Day @ 25.00			25.00	
YSI 600 Multi Meter w/ FTC					
4/20/09	1.0 Day @ 100.00			100.00	
<b>Total Equipment/Materials</b>				<b>150.00</b>	<b>150.00</b>
<b>Task Total</b>					<b>\$1,177.50</b>

Task 1R MW Decommission or Road Box Replacement Coordination

**Subcontractors**

Drilling / Soil Sampling Subcontractor  
4/24/09 Geosearch, Inc. 650.00



EQ794.408

Shell Facility - Rochester, NH, 198 Milton  
Road/SR 125, Strafford County, Incident #  
97294173, SAP/Location # 167463

Invoice 41256

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**Total Subcontractors****1.15 times****650.00****747.50****Task Total****\$747.50**

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Task            A1            Laboratory Analyses

**Subcontractors**

Chemical Laboratory Services

4/29/09   Accutest Laboratories

900.00

**Total Subcontractors****1.15 times****900.00****1,035.00****Task Total****\$1,035.00****AMOUNT DUE THIS INVOICE****\$2,960.00****Thank you for your business.**



# Geosearch, Inc

20 Authority Drive  
Fitchburg, MA 01420

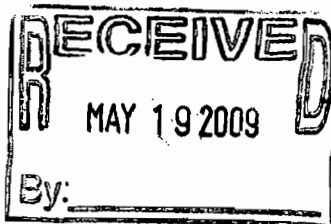
Telephone: (978) 348-1989

Fax: (978) 348-1128

www.geosearchinc.com

## Attention Accounts Payable:

Sovereign Consulting, Inc.  
905B S. Main Street, Unit 202  
Mansfield, MA 02048



INVOICE DATE:

Apr 24, 2009

INVOICE #:09-C-4284-1

P.O. #

TERMS: Net 30 Days

Job Location:  
Contact: Owen McKenna  
Shell Station  
198 Milton Road  
Rochester, NH

ITEM	DESCRIPTION	QTY.	RATE	AMOUNT
Mobilization	Well Head Repair Mobilization	1.00	400.00	400.00
8" Manhole	8" Manhole & Pad Repair, 1-3 wells	1.00	250.00	250.00
<div><div>LOG# <u>01MAB# 778</u> PO# <u>EQ794</u></div><div>AMOUNT \$ <u>650.00</u> PSC <u>SUB 21</u></div><div>PRJ-APP-T# <u>EQ794-408</u> - <u>1R</u></div><div>PM APP <u>(URS)</u> INV COMMENT →</div><div>TRANS# DE ED EB</div><div>1993 561 464 (E)</div></div> <div data-kind="ghost"></div> <div data-kind="ghost"></div> <div data-kind="ghost"></div> <div data-kind="ghost"></div>				

Subtotal 650.00

Sales Tax

Total Invoice Amount \$650.00

Payment/Credit Applied

TOTAL \$650.00

POSTED



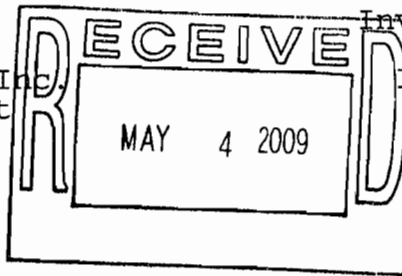
**ACCUTEST LABS OF NEW ENGLAND, INC.**REMIT TO: 2235 Route 130 Dayton, NJ 08810 (732) 329-0200 FAX (732) 329-1800  
FED ID# 06-1294793

Page: 1 of 1

To: Sovereign Consulting Inc.  
905B South Main Street  
Suite 202  
Mansfield, MA 02048

Attn: Neil Schofield

Terms: NET 30

Project description: SCMAW:97294173 (REIMBNH) 198 Milton Rd Rochester  
NH

Invoice Number: M4-50994

Invoice Date: 29-APR-09

P.O. Number:

Account Code: SHELLWIC

Lab Project Code: SHELLWIC9962

QTY	MX	Code	Test	Test Description	T/A	Price	Amount
-----	----	------	------	------------------	-----	-------	--------

Job #:	M82202	Proj. #:	
Date Rec:	04/21/09	Proj Mgr	Neil Schofield

6	AQ		V8260NHF	NH Full List -V8260STD,	14	150.00	900.00
							-----
Job Total							900.00
							-----
Net							900.00

Total For Invoice	M4-50994	900.00
		-----
Total Due For Invoice		900.00

LOG#	09MAY125	PO#	E0794
AMOUNT \$	900.00	PSC	05509
PRJ-APP-T#	E0794 - 408	-	A1
PM APP:	AKS	INV COMMENT	
TRANS#	DE	ED	BB

1976 5/21 469 (P)

**POSTED**



☒ Accutest Marlborough, MA **Shell Oil Products US Chain Of Custody Record**

<b>SOP US Project Manager to be Invoiced:</b> <input type="checkbox"/> SCIENCE & ENGINEERING <input type="checkbox"/> TECHNICAL SERVICES <input checked="" type="checkbox"/> BILL CONSULTANT		<b>INCIDENT # (S&amp;E ONLY)</b> 97294173		DATE:  PAGE: 1 of 1
<input type="checkbox"/> CHECK BOX TO VERIFY IF NO INCIDENT NUMBER APPLIES				
<b>NAME OF PERSON TO BILL: BILL CONSULTANT</b> SHELL EE: DAVID WEEKS		<b>SAP #</b> 167463		

OVERSEAS TANK COMPANY					SITE ADDRESS (Street and City):														
Sovereign Consulting Inc.					198 Milton Road, Rochester, NH														
ANORPAX					PROJECT CONTACT (Report to):					CONSULTANT PROJECT NO.: EQ794									
CITY					Neil Schofield					LAB USE ONLY									
Mansfield, MA 02048					SAMPLER NAME(S) (Pipes)					M82202									
TELEPHONE:		FAX:		E-MAIL:															
(508) 339-3200		(508) 339-3248		nschofield@sovcn.com															
TURNAROUND TIME (CALENDAR DAYS):										REQUESTED ANALYSIS (Please place checkmarks next to desired analysis options in column headings.)									
<input checked="" type="checkbox"/> STANDARD (10 DAY) <input type="checkbox"/> 5 DAYS <input type="checkbox"/> 3 DAYS <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 24 HOURS <input type="checkbox"/> RESULTS NEEDED ON WEEKEND																			
Deliverables: Copy to SOVEREIGN, Copy to Shell EE																			
Call PM if samples are received over 4 degrees C.																			
TEMPERATURE ON RECEIPT C°																			
SPECIAL INSTRUCTIONS OR NOTES <input type="checkbox"/> INCLUDE MDL'S IN THE DATA DELIVERABLES <input checked="" type="checkbox"/> Site is GW-1, please note Detection limit RQ's																			
NH reimbursable rates apply																			
LAB USE ONLY										NH 8260 LONG LIST									
Field Sample Identification										Laboratory Notes									
DATE										TIME									
MATRIX										PRESERVATIVE									
HCL										HNO3									
H2SO4										NONE									
OTHER										NO. OF CONT.									
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1/20/06 Revision 1.902



**SOVEREIGN CONSULTING INC.**
**USAGE FORM - MANSFIELD (08)**

Field Event Start Date	Field Event End Date	ID of Emp. Submitting	Project ID	Approval ID	Project Name / Title	Project Manager
4/20/09	4/20/09	AAC	EQ794	408	198 Milton Rd Rochester	Neil R. Schofield

**LEASED EQUIPMENT USAGE**

Task ID	Charge By Days Used	Charge By Weeks Used	Equipment Description	Accounting Use	Leased From
18	OE088	1.00	OW088	Solinst101 WL Meter (A or B)	USER
	OE089		OW089	Solinst Model 122 IP	USER
	OE090		OW090	MiniRAE 2000 PID	USER
	OE119		OW119	QRAE 4-Gas Meter	USER
18	OE120	1.00	OW120	YSI 600 Multi Meter w/ FTC	USER
18	OE122	1.00	OW122	Geotech II Peristaltic Pump	USER
	OE123		OW123	Heron Water Level Meter	USER
	OE139		OW139	Schonstedt Magnetic Locator	USER

**Tracking Log Number**
**PM Approval (Initial/Date)**



**OWNED EQUIPMENT USAGE**
**STOCK ITEMS USAGE**

Task ID	Charge By Days Used	Charge By Weeks Used	Equipment Description	Stock Item	Charge Item Code	Quantity Used	Task ID
	OE004		OW004	Field Scale	Level C Safety Equipment/Day	SR700	
	OE005		OW005	Vacuum-Pressure Pump	Mod. Level D Safety Equip/Day	SR705	
	OE011		OW011	Hand Auger Kit	Level D Safety Equipment/Day	SR710	
	OE012		OW012	Trash Pump	Disposable Bailer/Each	SR800	
	OE024		OW024	Ecological Sampling Kit	Weighted Disposable Bailer/Each	SR805	
	OE030		OW030	Magnehelic Gauges	Disposable Bailer w/ Filter/Each	SR810	
	OE037		OW037	Test Plugs - 2" & 4"	Disposable Sample Filter/Each	SR812	
	OE039		OW039	Voltmeter	100 ft. Box Tubing/Each	SR816	
	OE040		OW040	Magnehelic Gauge	Silicon Flex Hose/Foot	SR817	
	OE041		OW041	Submersible Pump (4"x10gpm)	Box (100) Nitrile Gloves/Ea	SR820	
	OE042		OW042	Flow Meter	Groundwater Sampling Kit/Well	SR825	
	OE044		OW044	Wetlands Delineation Kit	Disposable 12 Volt Purge Pump/Ea	SR830	
	OE054		OW054	Submersible Transfer Pump	Sorbent Sock/Each	SR835	
	OE056		OW056	Split Spoon Sampler	Sorbent Pads/Each	SR836	
	OE076		OW076	Poly Storage Tank (200-250 G)	Sorbent Boom/Each	SR837	
	OE077		OW077	Thermo-Anemometer	QED MicroPurge Bladder Kit/Ea	SR845	
	OE109		OW109	Digital Manometer	QED MicroPurge Bladder/Each	SR846	
	OE051		OW051	SVE / AS Test Trailer	7 lb Bag of Ice/Each	SR850	
	OE142		OW142	SVE Test Trailer	Petroflag Test Kit/Each	SR900	
					55 Gallon Drum/Each	SR935	
					Encore Sampler - 5g/Each	SR945	
					Encore Sampler - 25g/Each	SR950	
					Tedlar Bag - 3 Liter	SR960	
					Gripper Plug - 1"	SR980	
					Gripper Plug - 2"	SR981	
					Gripper Plug - 4"	SR982	
					1-1/4" Brass Lock	SR983	
					XENCO Encore Sampler - 5g (For Shell Projects Only)	SR984	
					Tedlar Bag - 1 Liter	SR985	

**OWNED VEHICLE USAGE**

Task ID	Charge By Hours Used (Daily Rate)	Charge By Hours Used (Wkly Rate)	Vehicle Description
	OE094	OW094	'06 Ford Escape
	OE100	OW100	'06 Ford F150
	OE121	OW121	'07 Ford F150
	OE140	OW140	'08 Ford Escape

**Accounting User**
**NL/PE Trans**
**L/PO Trans**
**Number:**
**Date Entered:**
**Entered By:**

09041MAB

050809LFAAC

0



**Sovereign Consulting Inc.  
Tailgate Safety Meeting Form**

(To be submitted with field notes to Project Manager each day)

<b>Project Name:</b> EQ 794	<b>Date:</b> 4/20/09
<b>Location:</b> 198 Milton Rd Rochester	<b>Weather:</b> Sunny
<b>Project Manager [Print]:</b> Neil Schofield	<b>Temp:</b> 40's
<b>Contractors/Subcontractors:</b> _____	

**Scope of Work:** GWSO called [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

<b>Task Hazards:</b> (check all that apply) *requires Permit to Work			
Cold Heat Stress <input type="checkbox"/>	Excavations* <input type="checkbox"/>	Haz. Substances <input checked="" type="checkbox"/>	Sanitation <input type="checkbox"/>
Confined Spaces* <input type="checkbox"/>	Explosion <input type="checkbox"/>	Heavy Equipment <input type="checkbox"/>	Sharp Objects <input type="checkbox"/>
Cutting/Welding* <input type="checkbox"/>	Falling Objects <input type="checkbox"/>	Ladders* <input type="checkbox"/>	Tools <input checked="" type="checkbox"/>
Electrical <input type="checkbox"/>	Fire <input type="checkbox"/>	Noise <input type="checkbox"/>	Traffic <input checked="" type="checkbox"/>
Environmental Hazard <input type="checkbox"/>	Insects/Biological <input checked="" type="checkbox"/>	Slip/Trip Hazards <input checked="" type="checkbox"/>	Weather <input type="checkbox"/>
Elevated Work* <input type="checkbox"/>	Flying Debris <input type="checkbox"/>	Overhead <input type="checkbox"/>	Other (describe below) <input type="checkbox"/>

**Engineering Controls / Work Practices:**

<b>Levels of Protection / Personal Protective Equipment:</b>			
Level A <input type="checkbox"/>	Eye & Face Protection <input checked="" type="checkbox"/>	Safety Glasses <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>
Level B <input type="checkbox"/>	Foot Protection <input checked="" type="checkbox"/>	Steel Toes <input checked="" type="checkbox"/>	Hip Boots/Waders <input type="checkbox"/>
Level C <input type="checkbox"/>	Hand Protection <input checked="" type="checkbox"/>	Nitrile Gloves <input checked="" type="checkbox"/>	Leather Gloves <input type="checkbox"/> Full Arm Chemical <input type="checkbox"/>
Level D <input checked="" type="checkbox"/>	Head Protection <input type="checkbox"/>	Hard Hat <input type="checkbox"/>	
	Hearing Protection <input type="checkbox"/>	Ear Muffs/Plugs <input type="checkbox"/>	
	Other <input checked="" type="checkbox"/>	Barricades <input checked="" type="checkbox"/> High Visibility Safety Vests <input checked="" type="checkbox"/> Cones/Flags <input checked="" type="checkbox"/>	
		Amber Light/Vehicle Hazards <input checked="" type="checkbox"/> Crash Truck <input checked="" type="checkbox"/> Tyvek/Coveralls <input type="checkbox"/>	

<b>Air Monitoring/Sampling</b>	<b>Emergency Response</b>
LEL/O2/CO/H2S Meter <input type="checkbox"/>	Emergency Alarm <input checked="" type="checkbox"/> First Aid Kit <input checked="" type="checkbox"/> Cell Phone <input checked="" type="checkbox"/>
FID/PID <input type="checkbox"/>	Emergency Contacts <input checked="" type="checkbox"/> Spill Kit <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/>
Detector Tubes <input type="checkbox"/>	Evacuation Routes <input type="checkbox"/> Hospital Route <input checked="" type="checkbox"/> Pedestrian Safety <input checked="" type="checkbox"/>
Dust Monitor <input type="checkbox"/>	Explosion/Fire <input type="checkbox"/> Work Area <input checked="" type="checkbox"/> Vapor/Dust Suppression <input type="checkbox"/>
Personal Air <input type="checkbox"/>	Medical Emergency <input type="checkbox"/> Smoking/Break Area <input checked="" type="checkbox"/>

**Are site workers Fit To Work?** Yes ☒ No ☐

**Do all workers have their API Safety Key card?** Yes ☒ No ☐ NA ☐

**Comments:**

**Name & Title of Person Conducting Tailgate Safety Meeting:** Alicia Carrero

**Signature:** Alicia Carrero **Date:** 4-20-09



## Attendance

The undersigned, regardless of being employed by, or hired by, Sovereign Consulting Inc., attest to having read, understand and agree to comply with the health and safety practices and requirements set forth within this project Health, Safety, and Emergency Response Plan. Additionally, the undersigned attest that they are duly trained and licensed by all applicable agencies and entities to conduct the work for which they are present to complete.

MEETING ATTENDEES

Name [Print]	Company	Signature
Alicia Carrero	Sovereign	Alicia Carrero
Erin Fday	Sov. con.	Erin Fday
	x	

### SIGN IN

Have all personnel been informed of work to be completed? ☒ YES ☐ NO ☐ NA  
 Has fuel delivery service been informed? ☒ YES ☐ NO ☒ NA  
 Is fuel delivery due today? ☒ YES ☐ NO ☒ NA  
 Have isolation procedures been agreed - lock out/tag out? ☒ YES ☐ NO ☒ NA  
 Are work areas controlled to protect workers, site staff, and the public? ☒ YES ☐ NO ☐ NA

Contractor Representative Name	Signature	Date / Time	Site Representative Name	Signature
Alicia Carrero	Alicia Carrero	4/20/09 9:15 AM	LACNIE WEST	LACNIE WEST

### SIGN OUT

Has the work area been left tidy and safe? ☐ YES ☐ NO ☐ NA  
 Are site personnel aware of status of work including remaining isolation? ☐ YES ☐ NO ☐ NA  
 Are changes to equipment documented and communicated? ☐ YES ☐ NO ☐ NA  
 All incidents, near misses, unsafe situations reported? ☐ YES ☐ NO ☐ NA

Contractor Representative Name	Signature	Date / Time	Site Representative Name	Signature

679.7700 Alicia

PO-06-14

ommed wild



Location E0794 Date 4/20/09

21

Project / Client GW Site Sampling

pg 1 of

Residential sampling conducted  
9:15 - 10:15

Site GW sampling begin 10:30

Tailgate Safety held, HASP reviewed

Equipment: 2006 Ford Escape, pump,

YSI, Tubing, WLM

Weather: pty cloudy 40-50°

SOW: Sample 6 wells for

8260 VOC Analysis

TD Be sent out TD

Acctest of Marlborough for  
Analysis.

See Next Page for a table  
Containing Sample info  
and field parameter  
measurements

on Day



Location E0744Date 4/20/09Project / Client GW Site Sampling

pg 2 of 2

well ID	DTW	DTB	Sample	Time
mw-4	6.55	18.15	8260	10:30
mw-2	9.9	30.95	8260	11:25
mw-3	11.34	29.70	8260	10:50
mw-8	14.50	39.00	8260	12:00
mw-8S	16.65	21.60	8260	12:15
mw-10	20.00	46.00	8260	12:50

well ID	OC Temp	us/cm Cond	mg/L DO	pH	ORP
mw-4	6.78	241	0.52	6.54	195.7
mw-3	8.74	292	0.80	6.20	118.8
mw-2	10.06	327	1.31	4.11	351.6
mw-8	7.81	129	2.33	6.49	234.7
mw-8S	7.27	351	2.84	6.06	126.5
mw-10	9.77	289	1.22	8.21	65.4

The Roadbox for mw-6 is in disrepair. Roadbox has Separated from concrete and there is  $\approx 1"$  gap between RB & concrete pad. Needs to be repaired soon. Will Notify NRS.

Ceciley

Location E0749Date 4/20/09Project / Client GW Site Sample

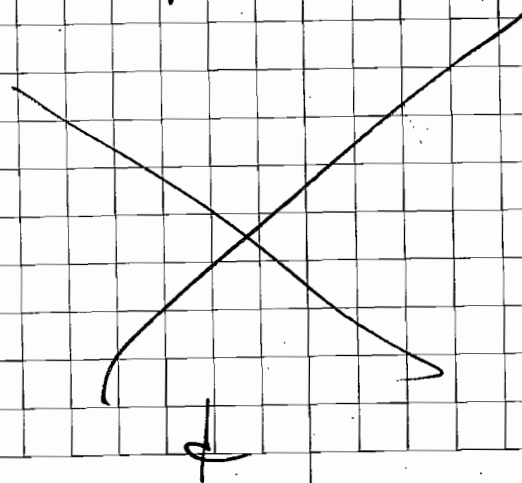
p3 of 6

All wells purged of a minimum of 3 well volumes prior to collecting samples

Upon return to office Tables updated, COC prepared, Samples stored for P/O By Accutest.

Depart Site @ 2:00  
Arrive at office @ 4:00

Depart office @ 4:30







The State of New Hampshire  
**Department of Environmental Services**

Michael P. Nolin  
Commissioner



January 26, 2006

Mr. David B. Weeks  
Motiva Enterprises, LLC  
PMB 301 1830 South Road, Unit 24  
Wappingers Falls, NY 12590

**Subject:** Rochester - Shell Service Station #167463, 198 Milton Road, Groundwater Management Permit (DES #200106023)

Dear Mr. Weeks:

Please find enclosed Groundwater Management Permit Number GWP- 200106023-R-001, approved by the Department of Environmental Services (Department). This permit is issued for a period of 5 years to monitor the effects of past discharges of petroleum.

All annual monitoring summaries and all required sampling results must be submitted to the Groundwater Management Permits Coordinator at the address below. All correspondence shall contain a cover letter that clearly shows the Department Identification number for the site (DES #200106023). Please note that upon issuance of this permit, it is only necessary to submit monitoring results to the "Groundwater Management Permits Coordinator" and not to my attention.

Also, please note that Condition #10 requires the permit holder to record "Notice" of the permit (not the permit), within 60 days of issuance, at the registry of deeds in the chain of title for the lots within the Groundwater Management Zone. An example Notice is enclosed for your use. A copy of the recorded Notice shall be submitted to the Department within 30 days of recordation.

To facilitate completion of the work required by this permit and for future reimbursement of the associated costs, please use the Department's Unit-Based and Project-Based Costs for: *One Round of Groundwater Monitoring* (to complete each sampling event), *Groundwater Management Permit Notification to Landowners & Deed Recordation* (to complete the required notification and recordation) and *Annual Summary Report* (to complete the required Annual Summary Report). These work scopes and budgets are detailed in the Department's October 1, 2003 Guidance Manual-Policies, Rules & Procedures for Reimbursement and subsequent revisions.

Should you have any questions, please contact me at (603) 271-7374.

Sincerely,

Slava Karnauk P.G.  
Waste Management Division  
Enclosure  
cc: GSC Kleinfelder  
Rochester Health Officer File  
H:/ORGB/skarnauk\_permits 2005/200106023gmp.doc

P.O. Box 95, 29 Hazen Drive, Concord, New Hampshire 03302-0095  
Telephone: (603) 271-3644 • Fax: (603) 271-2181 • TDD Access: Relay NH 1-800-735-2964  
DES Web site: [www.des.nh.gov](http://www.des.nh.gov)





The  
NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES  
hereby issues  
GROUNDWATER MANAGEMENT PERMIT NO. GWP-200106023-R-001  
to the permittee  
MOTIVA ENTERPRISES, LLC  
to monitor the past discharge of  
Petroleum Hydrocarbons  
at  
Shell Services Station #167463  
(198 Milton Road)  
in ROCHESTER, N.H.  
via the groundwater monitoring system comprised of  
6 monitoring wells  
as depicted on the Site Plan entitled  
Proposed Groundwater Management Zone Plan  
dated October 29, 2001, prepared by GSC Kleinfelder

TO: MOTIVA ENTERPRISES LLC  
1100 LOUISIANA STREET  
HOUSTON, TX 77002

Date of Issuance: January 26, 2006  
Date of Expiration: January 25, 2011

Pursuant to authority in N.H. RSA 485-C:6-a, the New Hampshire Department of Environmental Services (Department), hereby grants this permit to monitor past discharges to the groundwater at the above described location for five years, subject to the following conditions:

(continued)



STANDARD MANAGEMENT PERMIT CONDITIONS

1. The permittee shall not violate Ambient Groundwater Quality Standards adopted by the Department (N.H. Admin. Rules Env-Wm 1403) in groundwater outside the boundaries of the Groundwater Management Zone, as shown on the referenced site plan.
2. The permittee shall not cause groundwater degradation that results in a violation of surface water quality standards (N.H. Admin. Rules Env-Ws 1700) in any surface water body.
3. The permittee shall allow any authorized staff of the Department, or its agent, to enter the property covered by this permit for the purpose of collecting information, examining records, collecting samples, or undertaking other action associated with this permit.
4. The permittee shall apply for the renewal of this permit 90 days prior to its expiration date.
5. This permit is transferable only upon written request to, and approval of, the Department. Compliance with the existing Permit shall be established prior to ownership transfer. Transfer requests shall include the name and address of the person to whom the permit transfer is requested, signature of the current and future permittee, and a summary of all monitoring results to date.
6. The Department reserves the right, under N.H. Admin. Rules Env-Wm 1403, to require additional hydrogeologic studies and/or remedial measures if the Department receives information indicating the need for such work.
7. The permittee shall maintain a water quality monitoring program and submit monitoring results to the Department's Groundwater Management Permits Coordinator no later than 45 days after sampling. Samples shall be taken from on-site monitoring wells as shown and labeled on the referenced site plan listed on the following table in accordance with the schedule outlined herein:

Monitoring Locations	Sampling Frequency	Parameters
MW- 2, MW-3, MW-4, MW-8, MW-8C and MW-10	April and October each year	DES* Petroleum & Hazardous Waste Remediation Programs Full List of Analytes for Volatile Organics & water level elevations

Samples shall be obtained using sampling procedures and protocol described in "Practical Guide for Ground-Water Sampling," USEPA current edition, and "RCRA Ground-Water Monitoring: Draft Technical Guidance," USEPA current edition. Samples shall be analyzed by a laboratory certified by the U.S. Environmental Protection Agency or the New Hampshire Department of Environmental Services.

Summaries of water quality shall be submitted annually to the Department's Waste Management Division, attention Groundwater Management Permits Coordinator, in the month of December, using a format acceptable to the Department. The Annual Report shall include a tabulated summary of all analytical data collected to date, graphical presentation of trends in the data for representative sample locations, an assessment of trends in the data and any recommendations for groundwater management permit revisions. The Annual Report shall include an updated a groundwater contour map and contaminant plume map. The Annual Report shall be prepared and stamped by a professional engineer or professional geologist licensed in the State of New Hampshire.

8. Issuance of this permit is based on the Groundwater Management Permit Renewal Application dated November 18, 2005 and the historical documents found in the Department file DES #200106023. The Department may require additional hydrogeologic studies and/or remedial measures if invalid or inaccurate data are submitted.

(continued)

GWP-200106023-R-001



9. Within 30 days of the date of Department approval of this Groundwater Management Permit, the permittee shall provide notice of the permit by certified mail to all owners of lots of record within the Groundwater Management Zone. The permittee shall submit documentation of this notification to the Department within 60 days of permit issuance.
10. Within 60 days of the date of Department approval of this Groundwater Management Permit, the permit holder shall record notice of the permit in the registry of deeds in the chain of title for the lots within the Groundwater Management Zone. This recordation requires that the registry be provided with book and page numbers for the deed of each lot encumbered by this permit. Portions of State/Town/City roadways and associated right-of-way properties within the Groundwater Management Zone do not require recordation. A copy of the recorded notice shall be submitted to the Department within 30 days of recordation.
11. Within 30 days of discovery of a violation of an ambient groundwater quality standard at or outside the Groundwater Management Zone boundary, the permittee shall notify the Department in writing. Within 60 days of discovery, the permittee shall submit a work scope for development of a revised remedial action plan, including a schedule of milestones, to the Department for approval. The Department shall approve the revised remedial action plan if compliance with Env-Wm 1403.08 has been demonstrated.

**SPECIAL CONDITION FOR THIS PERMIT**

12. Recorded property within the Groundwater Management Zone shall include the lots as listed and described in the following table:

Tax Map/ Lot #	Property Address	Owner Name and Address	Deed Reference (Book/Page)
204/52	198 Milton Road Rochester, NH	Motiva Enterprises LLC 1160 Louisiana Street Suite 2200 Houston, TX 77002	2295/0001
204/80	209 Milton Road Rochester, NH	Windwept Acres Cooperative, Inc. 7 Wildflower Way Rochester, NH 03868	2898/0970

13. The Groundwater Management Zone is limited to a portion of Lot 80 shown on the map "Ground Water Management Zone Plan of Land in Rochester, NH", dated July 25, 2005 and prepared by Hancock Survey Associates, Inc.

*George Lombardo*

George G. Lombardo, P.E.  
Administrator, Oil Remediation & Compliance Bureau  
Waste Management Division

Under RSA 21-0:14 and 21-0:9-V, any person aggrieved by any terms or conditions of this permit may appeal to the Waste Management Council in accordance with RSA 541-A and N.H. Admin. Rules, Env-WMC 200. Such appeal must be made to the Council within 30 days and must be addressed to the Chairman of the Waste Management Council, c/o Appeals Clerk, Department of Environmental Services Legal Unit, 29 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095.

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