Annual Leak Monitoring and Overfill Protection Test Form
For Underground or Aboveground Storage Tank Systems

N. H. Code of Administrative Rules Env-Or 406.18 and Env-Or 406.20 (for UST Facilities) and
N. H. Code of Administrative Rules Env-Or 306.12, (for AST Facilities)

The New Hampshire Department of Environmental Services (NHDES) has developed this form to document the required annual testing of leak monitoring and/or overfill protection equipment at this UST or AST storage facility.

Facility Name: Jake's Market & Deli UST ☑ AST ☐ DES Site No. / Facility No. 198605247 / 0111959

Facility Address: 220 Newport Road City: New London Zip: 03257

A. Annual Leak Monitoring and/or Overfill Protection Test Results

Complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

1. Leak monitor and/or overfill protection equipment. List all tested with manufacturer's name and model#:
   Leak Monitor: Veeder Root TLS-350

		Tank #: 6	7	8	9	
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y	Y	Y	
3.	Tank secondary containment sensor is positioned per manufacturer's requirements.	Y	Y	Y	Y	
4.	Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	Y	Y	Y	Y	
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A	N/A	N/A	
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.	Y	Y	Y	Y	
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y	Y	Y	
8.	The leak monitor console audible alarm is confirmed operational and reset.	Y	Y	Y	Y	
9.	The leak monitor console visuals alarms are operational and reset.	Y	Y	Y	Y	
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	Y	Y	Y	Y	
11.	Overfill alarm sensors and shutoff devices, as applicable, were manually activated and verified to be at the proper operational setting. (Required Triennially for USTs, Annually for ASTs)	N/A	N/A	N/A	N/A	
12.	In summary, the leak monitor and/or overfill protection systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.	Yes				

If your answer is **No**, then describe on the reverse side of this form how and when these items will be corrected.

***Comments:** New ball float vent valves on tanks #6 & #8. All working properly and set to to the correct length.

B. Certification

I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Name (print): Kiawa Krzcuik Company Name: Roy Petroleum, LLC

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature: _____ Phone No.: (413) 627-2577 Test Date: 5/15/18

C. Record Keeping and Reporting Instructions

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of the annual test report to NHDES within 30 days of testing to:

NH DEPARTMENT OF ENVIRONMENTAL SERVICES
OIL REMEDIATION AND COMPLIANCE BUREAU
PO BOX 95, CONCORD NH 03302-0095
Phone # (603) 271-3899 Fax # (603) 271-2181

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PO BOX 95
CONCORD NH 03302-0095 (603) 271-3899 Fax # (603) 271-2181

ANNUAL LINE LEAK DETECTOR TEST FORM FOR AST and UST SYSTEMS

N. H. Code of Administrative Rules Env-Or 400 (UST Rules), 406.16, and Env-Wm 1402 or Env-Or 300 (AST Rules)

The New Hampshire Department of Environmental Services has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

Facility Name: Jake's Market & Deli DES Facility # / Site #: 0111959 / 198605247

Facility Address: 220 Newport Road City: New London Zip: 03257

1. Where 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. **The test results shall be submitted by the owner to the division no later than 30 days after the date of the test**.

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

Test Information and Results **UST** ☑ **AST** ☐ **Test Date:** 5/15/18

Tank Number: (for split tanks use 1(a), (b))	Tank # 6	Tank # 7	Tank # 8	Tank # 9	Tank #
Test Location:	Dispenser	Dispenser	Dispenser	Dispenser	
Product Stored: (gas, diesel, etc.)	Gas- RUL	Diesel	Gas- RUL	Gas- SUP	
Capacity: (gallons)	8,000	4,000	4,000	4,000	
LLD Manufacturer:	Red Jacket	Red Jacket	Red Jacket	Red Jacket	
LLD Model Number:	FX1V	FX1DV	FX1V	FX1V	
Tested Leak Rate: (gallons per hour)	3.0	3.0	3.0	3.0	
Results:	Pass	Pass	Pass	Pass	

Complete 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:					

***Comments:**

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.

Verification – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements**.**

Technician Name (print): Kiawa Krzcuik Testing Company Name:: Roy Petroleum, LLC

Testing Co. Address / State / Zip PO Box 738, Goffstown, NH 03045

Signature: _____ Phone No: 413-627-2577 Date of Test: 5/15/18

Triennial Overfill Prevention Device Testing Form For Underground Storage Tank Systems

Waste Division/Oil Remediation and Compliance Bureau

RSA/Rule: RSA 146-C, Env-Or 400

Facility Name: Jake's Market & Deli UST Facility ID No.: 0111959

Facility Address: 220 Newport Road City: New London Zip: 03257

UST System Owner Name: Kerrigan's Fuel & Convenience, LLC Owners Daytime Phone Number: 603-448-6510

Owner Address: 227 Mechanic Street, Lebanon, NH 03766

A. Primary overfill Protection Test Results

1. Type of overfill device, manufacturer's name and model number (list out all manufacturers and models if different):
OPW Ball Float Overfill Prevention Vent Valve

Unless otherwise noted, complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

		Tank # 6	7	8	9		
2.	The overfill console, if equipped, is correctly programmed and labeled.	N/A	N/A	N/A	N/A		
3.	The overfill device/sensor is positioned in accordance with the activation height requirements of Env-Or 405.06(c) and manufacturer's requirements.	Y	Y	Y	Y		
4.	Length of overfill device (in inches). Please explain how you reached these numbers on the back page of this test form (please see attached Overfill Prevention/Drop-Tube Data Sheet).	15.5	12	12	12		
5.	The overfill device/sensor was visually inspected and confirmed operational by manually simulating an overfill condition per state and manufacturer's requirements.	Y	Y	Y	Y		
6.	The audible alarm, if equipped, is operational and can be heard by delivery person. (Must be audible for no less than 10 seconds)	N/A	N/A	N/A	N/A		
7.	The visual alarm, if equipped, is operational and can be seen by delivery person. (Must remain on until manually reset)	N/A	N/A	N/A	N/A		
8.	**In summary, the overfill system is confirmed to be in proper operation per manufacturer's requirements, all devices are reset and alarms have been cleared. Enter "P" for Pass or "F" for Fail.**	P	P	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. Please be aware that any malfunctioning overfill device shall be repaired within 30 days. If the device cannot be repaired or replaced within 30 days the affected system(s) shall be prohibited from taking a delivery until satisfactory repairs are made. **Comments:** Please see attached "NH Overfill Device Data Form" for a detailed description of ALL measurements.

B. 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.

Tester Name (print): Kiawa Krzcuik Company Name: Roy Petroleum, LLC.

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature: _____ Phone No.: (413) 627-2577 Test Date: 5/15/18

C. Record Keeping and Reporting Instructions

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

orcb.wmd@des.nh.gov (603) 271-3899
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

Roy Petroleum, LLC

Facility #: 0111959 **Overfill Prevention/Drop-Tube Data Sheet** **Insp Date:** 5/15/18

Facility Name: Jake's Market & Deli

TANK DETAILS (FIELD MEASUREMENTS)

TANK #	6	7	8	9		
Product/Grade	Gas- RUL	Diesel	Gas- RUL	Gas- SUP		
Capacity (gallons)	8,021	4,000	4,000	4,000		
Construction (DW/SW)/ (Steel/FRP)	DW Steel	DW Steel	DW Steel	DW Steel		
Tank Bottom Depth (inches)=(TB)	123.00	94.50	96.00	97.50		
Riser Length (inches)=(RL)	28.00	32.00	34.00	35.00		
(TD) Tank Diameter (inches)=(TB-RL)	96.00	64.00	64.00	64.00		
Manway (Y/N)=(M)	N	N	N	N		

(Tank Bottom Depth) - (Riser Length) = Tank Diameter (used to determine diameter of 4', 6', 8', 10', 12' etc..)

DROP TUBE MEASUREMENTS

Tank Bottom Depth (inches)=(TB)	129.25	101.00	103.00	103.00		
Drop Tube Length (inches)=(DT)	123.00	92.00	95.00	94.50		
Distance off Bottom (inches)=(TB-DT)	6.25	9.00	8.00	8.50		
Results (Pass/Fail)	PASS	PASS	PASS	PASS		

(Tank Bottom Depth) - (Drop Tube Length) = Distance off Bottom (must be less than or equal to 6" unless OK'd by State Inspector due to age of d/t)

OVERFILL PREVENTION MEASUREMENTS

FLAPPER VALVE (95%)						
95% Shut Off Volume (gallons)						
95% Shut Off (inches)=(SO)						
Required (OM) Overfill Measurement Into Tank (inches)=(TD-SO)						
Required 95% Length (inches)=(RL+OM)						
Length of Uppper Tube (inches)						
Length of Overfill Device Into Tank (inches)						
Results (Pass/Fail)						

*95% Shut off Alarm (Dia. 64" = 7"-8", Dia. 72" = 8"-9", Dia. 92" = 9.5"-10.5", Dia. 96" = 10"-11", Dia. 120" = 12"-13")

BALL FLOAT (90%)						
90% Restriction Volume (gallons)	7,219	3,600	3,600	3,600		
90% Restriction (inches)=(R)	80.50	54.00	54.00	54.00		
(ROM) Required 90% Overfill Measurement (inches)=(TD-R)	15.50	10.00	10.00	10.00		
Length of Ball Float (inches)	15.50	12.00	12.00	12.00		
Results (Pass/Fail)	PASS	PASS	PASS	PASS		

**90% Shut off Alarm (Dia. 48" = 8", Dia. 64" = 10", Dia. 72" = 12", Dia. 92" = 14", Dia. 96" = 15", Dia. 120" = 18", Dia. 126" = 20")*

AUDIBLE ALARM (90%)						
90% Alarm Volume (gallons)						
Required Alarm Level (inches)						
90% Required Length of Device (inches)- ASTs						
Length of Overfill Device (inches)- ASTs						
Point of Alarm on Probe/Float (inches)						
Results (Pass/Fail)						

**90% Alarm (Dia. 48" = 40", Dia. 64" = 54", Dia. 72" = 60", Dia. 92" = 80", Dia. 96" = 81", Dia. 120" = 100", Dia. 126" = 106")*

Stage I

Yearly

Maintenance Inspections of Vapor Recovery System for AST/UST Gasoline Dispensing Facilities

The owner or operator of a gasoline storage tank at a gasoline dispensing facility or a bulk gasoline plant subject to Env-Or 504.01 shall perform a yearly maintenance inspection:

1. No later than September 30 of each calendar year, and
2. At least 10 months between each inspection.

Facility Name: Jake/s Market & Deli Insp. Date: 5/15/18

AST/UST Facility ID Number: 0111959

Name of person conducting inspection: Kiawa Krzcuik (Roy Petroleum)

	T# 6	T# 8	T# 9	T#	T#
(1) Perform all items specified in Stage I Monthly Maintenance Inspection.	✓	✓	✓		
(2) Replace or permanently plug each drain valve located in each spill bucket.	N/A	N/A	N/A		
(3) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	✓	✓	✓		
(4) Measure the distance between the tank bottom and the submerged fill tube end to insure a clearance of no more than 6 inches. If necessary, modify the submerged fill tube.	✓	✓	✓		

The owner or operator must document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.

Please contact the New Hampshire Department of Environmental Services at (603) 271-3899 with any questions.