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

N. H. Code of Administrative Rules Env-Wm 1401.31, "Operation of Leak Monitoring Equipment" (UST Rules) and N. H. Code of Administrative Rules Env-Wm 1402.29, "Inspection and Reporting Requirements" (AST Rules)

	New Hampshire Department of Environmental red annual testing of leak monitoring and/or over			
Facility	y Name: Brown School UST	AST DES Site No. / Facility No. 0111	619	
Facility Address: 190 Norway St City: Berlin			Zip:	03570
Compl	nnual Leak Monitoring and/or Overfill Prote ete the following checklist using: Y = Yes, N = No,	N/A = Not Applicable		
	eak monitor and/or overfill protection equipment/ eeder-Root	t. Manufacturer's name and model number	er:	
		Tank#:	1	
2.	Leak monitor console assignments are correctly pro-			
3.	Tank secondary containment sensor is positioned p	per manufacturers requirements.		
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.			
5.	Brine level of the tank interstitial space is within th			
6.	All secondary containment is liquid tight and free of	of debris, water and regulated substance.	✓	
7.	All sensors were visually inspected, manually teste	ed, confirmed operational and reset.	V	
8.	The leak monitor console <u>audible</u> alarm is confirme	ed operational and reset.	V	
9.	The leak monitor console visuals alarms are operat	ional and reset.		
10.	The communication equipment (e.g., modem) is op will relay alarms to a remote station.	perational for leak monitoring systems and		
11.	Overfill alarm sensors and shutoff devices were maproper operational setting. (Required for ASTs)	anually activated and verified to be at the	V	
12.	In summary, the leak monitor system is commanufacturer's requirements, all sensors ar		✓Pass [Fail
If your	answer is No, then describe on the reverse side of this for			
I here	ertification by certify that the equipment identified in this docume acturer's requirements.	ent was tested for proper operation in accordance	ce with	
Name (print): Moriah Corrigan		Company Name: Tanner Hill Milling & Const. Inc.		
Company Address / State / Zip: 41 GRUMPY OLD MEN ROAD, SHELBURNE, NH 03581				
Tester's Signature:				23/19
	ecord 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.

Mailing Address:

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES OIL REMEDIATION AND COMPLIANCE BUREAU PO BOX 95; CONCORD NH 03302-0095