

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)*

The New Hampshire Department of Environmental Services (DES) 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: _____ UST AST DES Site No. / Facility No. _____

Facility Address: _____ City: _____ Zip: _____

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. Manufacturer's name and model number: _____

		Tank #:			
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.				
3.	<u>Tank</u> secondary containment sensor is positioned 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 the manufacturers operating range.				
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.				
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.				
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.				
9.	The leak monitor console <u>visuals</u> alarms are operational and reset.				
10.	The communication equipment (e.g., modem) is operational for leak monitoring systems and will relay alarms to a remote station.				
11.	Overfill alarm sensors and shutoff devices were manually activated and verified to be at the proper operational setting. (Required for ASTs)				
12.	In summary, the leak monitor system is confirmed to be in proper operation per manufacturer's requirements, all sensors are reset and alarms have been cleared.	Pass	Fail		

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

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): _____ Company Name: _____

Company Address / State / Zip: _____

Tester's Signature: _____ Phone No.: (____) _____ Test Date: _____

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.

Mailing Address:

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

Phone # (603) 271-3644

Fax # (603) 271-2181