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ACTON BOARD OF HEALTH

NEXTEST

**P.O. BOX 67, MANVILLE, RI 02838
Ph. (401) 723-0247 Fax (401) 723-0248**

Date: February 21, 2007

TO: Acton Highway Dept.
Attn: David Brown
14 Forest Rd.
Acton, MA 01720

RE: Stage II Vapor Recovery Testing

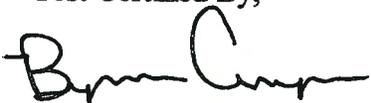
Dear David,

Enclosed for your records, please find the results for the Stage II Vapor Recovery State Test conducted at the site listed above.

As you can see, the results indicate that the Stage II system has passed.

If you have any questions or would like further information, please call **NEXTEST** at (401) 723-0247.

Test Certified By,



Bryan Cournoyer

NEXTEST

P.O. BOX 67, MANVILLE, RI 02838
Ph. (401) 723-0247 Fax (401) 723-0248

Stage II Vapor Recovery Test

1. Acton Highway Dept. Name of Gas Station 2. 2-21-07 Date of Test

3. 14 Forest Rd. Street Address

4. Acton City MA State 01720 Zip Code

5. David Brown Stage II Responsible Official 6. 978-264-9624 Phone Number of Stage II Responsible Official

7. Were all tests observed by a D.E.P. Official?..... Yes No
8. Are the test results attached to this form?..... Yes No

TEST CONCLUSIONS (circle one for each test)

<input checked="" type="radio"/> PASS	<input type="radio"/> FAIL	<input checked="" type="radio"/> NOT APPLICABLE	.....	Pressure Decay Test (Leak Test)
<input type="radio"/> PASS	<input type="radio"/> FAIL	<input checked="" type="radio"/> NOT APPLICABLE	.....	Liquid Blockage Test (Wet Test)
<input type="radio"/> PASS	<input type="radio"/> FAIL	<input checked="" type="radio"/> NOT APPLICABLE	.....	Dynamic Backpressure Test (Dry Test)
<input type="radio"/> PASS	<input type="radio"/> FAIL	<input checked="" type="radio"/> NOT APPLICABLE	.....	Air / Liquid Volume Ratio Test
<input checked="" type="radio"/> PASS	<input type="radio"/> FAIL	<input type="radio"/> NOT APPLICABLE	.....	Vapor Tie Test
<input checked="" type="radio"/> PASS	<input type="radio"/> FAIL	<input type="radio"/> NOT APPLICABLE	.....	P/V Relief Vent

The undersigned certifies that he/she is an authorized agent of the owner of the Stage II Vapor Recovery System or a duly authorized representative of such agent. "I have personally examined and am familiar with the information submitted in this document and all attachments and certify that based on a reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief, and I understand that any false statement made in this document or its attachments may be punishable as a criminal offense."

Signature and Address of Authorized Agent

David Brown Sign Name David Brown Print Name

TC-034 Certificate Number NEXTEST Company Name

P.O. BOX 67 Mailing Address MANVILLE City RI State 02838 Zip Code

SUMMARY OF PRESSURE DECAY TEST RESULTS

Test Site Name & Address:

Testing Firm's Name & Address:

Acton Highway Dept.

NEXTEST

14 Forest Rd.

P.O. BOX 67

Acton, MA 01720

MANVILLE, RI 02838

Site Stage II System Type

Stage-II System Executive Order # G-70-52-AM

Vac-Assist _____

Test Date: 2/21/07

Balance X

Healy _____

Test Times:

2-Point _____

Run A: 10:45

Coaxial X

Run B: _____

Manifolded N/A

Run C: _____

Test Results

Tank #	1	2	3	4
Product Grade:	<u>Regular</u>	_____	_____	<u>Regular</u>
Actual Tank Capacity (gallons)	<u>10,000</u>	_____	_____	<u>10,000</u>
Gasoline Volume (gallons)	<u>7,506</u>	_____	_____	<u>5,684</u>
Ullage (gallons) T=	<u>2,561</u>	_____	_____	<u>4,383</u>
Initial Pressure (inches H₂O)	<u>10.00</u>	_____	_____	<u>10.00</u>
Pressure after 1 min., in. H₂O	<u>10.00</u>	_____	_____	<u>10.00</u>
Pressure after 2 min., in. H₂O	<u>9.90</u>	_____	_____	<u>9.90</u>
Pressure after 3 min., in. H₂O	<u>9.90</u>	_____	_____	<u>9.90</u>
Pressure after 4 min., in. H₂O	<u>9.80</u>	_____	_____	<u>9.80</u>
Pressure after 5 min., in. H₂O	<u>9.80</u>	_____	_____	<u>9.80</u>

Results/Comments: **PASS**

Test Conducted By: **Bryan Cournoyer**

Date: **2/21/07**

NEXTEST

P.O. BOX 67, MANVILLE, RI 02838
Ph. (401) 723-0247 Fax (401) 723-0248

Facility Name: Acton Highway Dept.
Facility Address: 14 Forest Rd. City: Acton, MA Zip: 01720

A. Results of Annual Leak Monitoring Test

Complete the following checklist using: Y=yes, N=no, N/A=not applicable
If your answer is No, then describe on the reverse side of this form how and when these items will be corrected.

1. Leak monitor manufacturer's name and model number: Veeder Root TLS-350

		Tank #:			
		1	2	3	4
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 manufacturers recommendation.	Y	Y	Y	Y
4.	Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer recommendation.	Y	Y	Y	Y
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A	N/A	Y
6.	The secondary containment and the piping sumps are free of liquid.	Y	Y	Y	Y
7.	All sensors were visually inspected, manually tested, and confirmed operational.	Y	Y	Y	Y
8.	The leak monitor console audible alarm is operational.	Y			
9.	The leak monitor console visual alarms are operational.	Y			
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A			
11.	The leak monitoring console and sensors are in proper operation.	PASS			

B. Verification

I hereby verify that the equipment identified in this document was tested for proper operation in performance of the original design function in accordance with the manufacturers' requirements. Attached to this form is information (if available, system set-up reports) necessary to verify that this information is correct.

Technician Name (print): Byron Coymeyer Testing Company Name: NexTest Inc

Testing Co. Address / State / Zip: P.O. Box 67 Manville, RI 02838

Signature: Byron Coymeyer Phone No.: (401) 723-0247 Date: 2-21-07



Stage II Form C

Annual In-Use Compliance Certification

A. Stage II System Documentation

1. Stage II System Location

ACTON TOWN OF HIGHWAY DEPT

Name of facility where the Stage II System is installed

14 FOREST RD

Facility address

ACTON

City/town

MA

State

01720

Zip code

2. Stage II System Responsible Official #1 (point of contact for Stage II correspondence)

DAVID BROWN

Name of Stage II System Responsible Official

(978) 264-9624

Telephone number

14 FOREST RD

Mailing address

ACTON

City/town

MA

State

01720

Zip code

3. Stage II System Responsible Official #2 (fill out only if applicable)

RUSSELL R ROBINSON

Name of Stage II System Responsible Official

(978)264-9624

Telephone number

14 FOREST RD

Mailing address

ACTON

City/town

MA

State

01720-

Zip code

4. Stage II Annual Compliance Fee Billing Address

Name of person to whom annual compliance fee is billed

(978) 264-9624

Telephone Number

ACTON LANDFILL AND HIGHWAY DEPT

Name of company

14 FOREST RD

Mailing address

ACTON

City/town

MA

State

01720

Zip code

5. Stage II System Executive Order#: **G-70-52-AM, Balance, Balance**

6. Is the pre-completed Stage II system documentation contained in A.1 – 4 correct?

Yes

No

If no, please print the correct information to the right, on the same line.

B. In-Use Compliance Testing and Submittal Requirements

1. In-Use Compliance Tests Required to be Performed and Passed.

1. Pressure Decay, 2. Vapor Tie, 3. P/V Relief Vent

2. Testing and Submittal Dates

For this Form C to be submitted in compliance with program requirements, the envelope used to mail the required Form C to DEP must be postmark-dated on or before **2/7/2007**.

All required compliance tests must be performed and passed within the 30 days prior to the date postmarked on the envelope used to submit this Form C to DEP.



Stage II Form C

Annual In-Use Compliance Certification

C. Compliance Testing Company Certification

To be completed by the Compliance Testing Company only

1. Nextest Inc
Name of Compliance Testing Company (please print)
2. DEP Stage II Compliance Testing Company ID#: TC-034
3. Installed Stage II System Executive Order#: G-70-52-AM
4. Are you in compliance with the requirements to confirm, prior to performing required compliance tests, that all required above ground Stage II system components are installed and are the correct components in accordance with the system's currently applicable Executive Order?
 Yes No
5. How many gasoline storage tanks are associated with this Stage II system?
 One (if one, skip to question 6) Two or more (if two or more, please answer the following question)
For a gasoline dispensing system with two or more gasoline storage tanks, are you in compliance with the requirement to confirm, prior to performing required compliance tests, that the gasoline storage tanks are properly manifolded in accordance with the system's currently applicable Executive Order?
 Yes No
6. Are you in compliance with the requirements to perform each compliance test in accordance with the referenced test procedure?
 Yes No
7. For each required compliance test, provide the:

	Date Test First Performed	Result of First Test (Pass/Fail)	Date Test Performed and Passed
a. Pressure Decay test	<u>2-21-07</u>	<u>Fail</u>	<u>2-21-07</u>
b. Vapor Tie test	<u>2-21-07</u>	<u>PASS</u>	<u>2-21-07</u>
c. P/V Relief Vent test	<u>2-21-07</u>	<u>PASS</u>	<u>2-21-07</u>
d. Dynamic Back Pressure/ Liquid Blockage test	_____	_____	_____
e. Air/Liquid Volume Ratio test	_____	_____	_____
f. Healy Fillneck Pressure test	_____	_____	_____
g. Healy Vapor Return Line test	_____	_____	_____

I certify that, (a) I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments and pertain to Section C., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and (b) I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Bryan Courayer
Printed Name of Compliance Testing Company
Responsible Official

Bryan Courayer
Signature of Compliance Testing Company
Responsible Official

2-21-07
Date



Stage II Form C

Annual In-Use Compliance Certification

D. Stage II Facility Compliance Certification

To be completed by the Stage II System Responsible Official only.

1. Facility Operation, Maintenance and Record Keeping

- a. Are you in compliance with the requirements to correctly operate and maintain the Stage II system in accordance with the system's currently applicable Executive Order?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- b. Are you in compliance with the requirements to visually inspect the Stage II system every seven days to determine if any components are incorrectly installed, non-functioning or broken?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- c. Are you in compliance with the requirements to immediately repair or remove from service any component determined to be incorrectly installed, nonfunctioning or broken?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- d. Are you in compliance with the requirements to conspicuously post "Out of Order" signs on incorrectly installed, nonfunctioning or broken components immediately upon being removed from service?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- e. Are you in compliance with the requirements to re-install, repair or replace all incorrectly installed, nonfunctioning or broken components within 14 days of determination or to take such components out of service in accordance with the interim DEP Policy on Dispensing of Gasoline Through a Stage II System With Defective Components?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- f. Are you in compliance with the requirements to correctly maintain on site all inspector training, compliance testing and Stage II system maintenance records?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- g. Are you in compliance with the requirements to perform all required in-use compliance tests?

Yes No (if no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2



Stage II Form C

Annual In-Use Compliance Certification

1. Facility Operation, Maintenance and Record Keeping (cont.)

- h. Was each required in-use compliance test passed on the first try? Yes No
- i. If no, are you in compliance with the requirements to correctly repair the Stage II system and pass the applicable in-use compliance tests(s) within 14 days of the date the system first failed the test(s)?
 Yes No (If no, see h.ii. below)
- ii. If no, are you in compliance with the requirements to stop dispensing gasoline after 14 days from the date of the first failed test and to conspicuously post "Out of Order" signs on all gasoline dispensers, until the Stage II system was correctly repaired and passed the applicable in-use compliance test(s)?
 Yes No (If no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

- i. Are you in compliance with the requirements to perform and pass all required annual in-use compliance tests within the 30 days prior to the date postmarked on the envelope used to submit this Form C to DEP?
 Yes No (If no, see D.2 below)

Stage II System Responsible Official attesting to compliance Status #1 #2

2. Compliance Status and Actions to Ensure Future Compliance

For each question answered "No" to in D.1 above, please identify:

- the non-compliance attested to;
- the action(s) taken to return to compliance and date completed; and
- the action(s) taken to ensure future compliance and date completed.

Please print. If more space is needed, please use additional pages as necessary.

I certify that (a) I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; (b) systems to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, (c) I am fully authorized to make this attestation on behalf of the facility.

David J. Brown
Printed name of Stage II System Responsible
Official #1

David J. Brown
Signature of Stage II System Responsible
Official #1

2/21/07
Date

Russell Robinson
Printed name of Stage II System Responsible
Official #2

Russell Robinson
Signature of Stage II System Responsible
Official #2

2/21/07
Date