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: ______________________________      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. List all tested with manufacturer’s name and model#:  

   Tank #:       

2. Leak monitor console assignments are correctly programmed and labeled for all sensors.  

3. Tank secondary containment sensor is positioned per manufacturer’s requirements.  

4. Piping 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 audible alarm is confirmed operational and reset.  

9. The leak monitor console visuals 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, as applicable, were manually activated and verified  
    to be at the proper operational setting.  (Required Triennially for USTs, Annually for ASTs)  

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.  

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 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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