



TOWN OF EAST LYME  
**AQUIFER PROTECTION AGENCY**

**Application**  
**To Register a Facility or Activities**  
**In an Aquifer Protection Area**

This application form is for registering a facility in the Aquifer Protection Area of either Gorton Pond Well Field or the Dodge Pond Well Field in accordance with the Aquifer Protection Area Regulations of the Town of East Lyme.

You must mail a copy of the completed form to each of the Commissioners of state Departments of Energy and Environmental Protection and Public Health, as well as The Town of East Lyme Water Department.

**AGENCY USE ONLY**

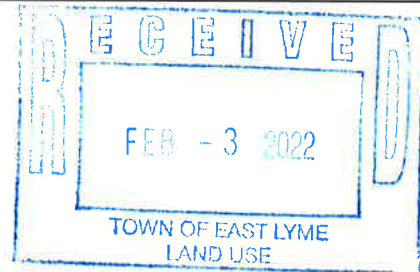
Date of Filing 2/3/22  
Date of Receipt \_\_\_\_\_  
Fee \$NO FEE FOR REGISTRATION  
Application No. 1-2022  
APA Name Gorton Pond  
Facility Name Food Bag Citgo  
Map / Lot 2lee3/116  
Previous Registration / Permit No. \_\_\_\_\_

**Registration Type**

Check the appropriate box identifying the registration type.

This application is for (check one):

- ☐ A new registration for a facility  
☒ A renewal of an existing registration  
☐ A modification of an existing registration\*  
☐ A registration for a vacant site\*\*  
☐ A transfer of a registration



\* Note that if you are seeking a *modification*, you should consult the Aquifer Protection Agency at (860) 691-4114 prior to submitting an application to determine whether a registration or permit is necessary.

\*\* Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

**Applicant Information**

Indicate if the party to be the primary contact for correspondence or inquiries is different than the applicant.

**Applicant(s)**

Name of Applicant: Jimmy Kocanisarii - VP Name of Company: Atlantis Management Group  
Mailing Address: P.O. Box 7318  
City/Town: Kensington State: CT Zip Code: 06037  
Business Phone: 800-828-0333 ext. 233 Cell Phone: \_\_\_\_\_  
E-mail address: Registrations@atlantismanagement.com Fax: \_\_\_\_\_

Applicant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

- ☒ site owner ☐ option holder ☐ lessee ☐ facility owner  
☐ easement holder ☒ operator ☐ other (specify): \_\_\_\_\_

**Engineer or other consultant**

Name of Company: N/A Service Provided: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attorney or other representative**

Name of Firm: N/A Service Provided: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Facility**

Name: AMG Retail I LLC #548  
 Street Address: 202 Flanders Rd Assessor's Map / Lot: \_\_\_\_\_

**Facility Owner**

Name: Atlantis Management Group  
 Contact Person: Samantha Rodriguez Title: Licensing/Insurance Compliance Coordinator  
 Mailing Address: P.O. Box 7318  
 City/Town: Kensington State: CT Zip Code: 06037  
 Business Phone: 800-828-0333 ext. 233 Cell Phone: 800-709-5999  
 E-mail address: Registrations@atlantismgmt.com Fax: \_\_\_\_\_

**Facility Operator**

Name: AMG Retail I LLC #548  
 Contact Person: Samantha Rodriguez Title: Licensing/Insurance Compliance Coordinator  
 Mailing Address: P.O. Box 7318  
 City/Town: Kensington State: CT Zip Code: 06037  
 Business Phone: 800-828-0333 ext. 233 Cell Phone: 800-709-5999  
 E-mail address: Registrations@atlantismgmt.com Fax: \_\_\_\_\_

Please verify that *all* applicable attachments have been submitted with this application form (check each box).

☐ A Facility Boundary Map (*required for all applications*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations.

☐ Materials Management Plan, *if requested by the Agency.*

☐ Stormwater Management Plan, *if requested by the Agency.*

**Best Management Practices**

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth the Aquifer Protection Area Regulations.

"I certify that the subject facility is in compliance with all the best management practices of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☒ Storage of hazardous materials above ground is in compliance with all provisions of the Aquifer Protection Area Regulations.
- ☒ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with the Aquifer Protection Area Regulations.
- ☒ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of the Aquifer Protection Area Regulations.
- ☒ Devices for release of wastewaters to the ground shall not be used except in accordance with the Aquifer Protection Area Regulations.
- ☒ A Materials Management Plan has been developed in accordance with the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

Signature of Applicant

Date

Jimmy Kachisari  
Name of Applicant (print or type)

Vice President  
Title (if applicable)

Signature of Operator (if different than above)

Date

AMG Retail LLC  
PO Box 7318, Kensington CT  
06037  
Name of Operator (print or type)

1/26/22  
Samantha Rodriguez  
Licensing / Insurance  
Compliance Coordinator  
Title (if applicable)

**Applicant Certification**

The applicant and the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

Signature of Applicant

Date

Jimmy Kachisari  
Name of Applicant (print or type)

Vice President  
Title (if applicable)

Signature of Preparer (if different than above)

Date

Samantha Rodriguez  
Name of Preparer (print or type)

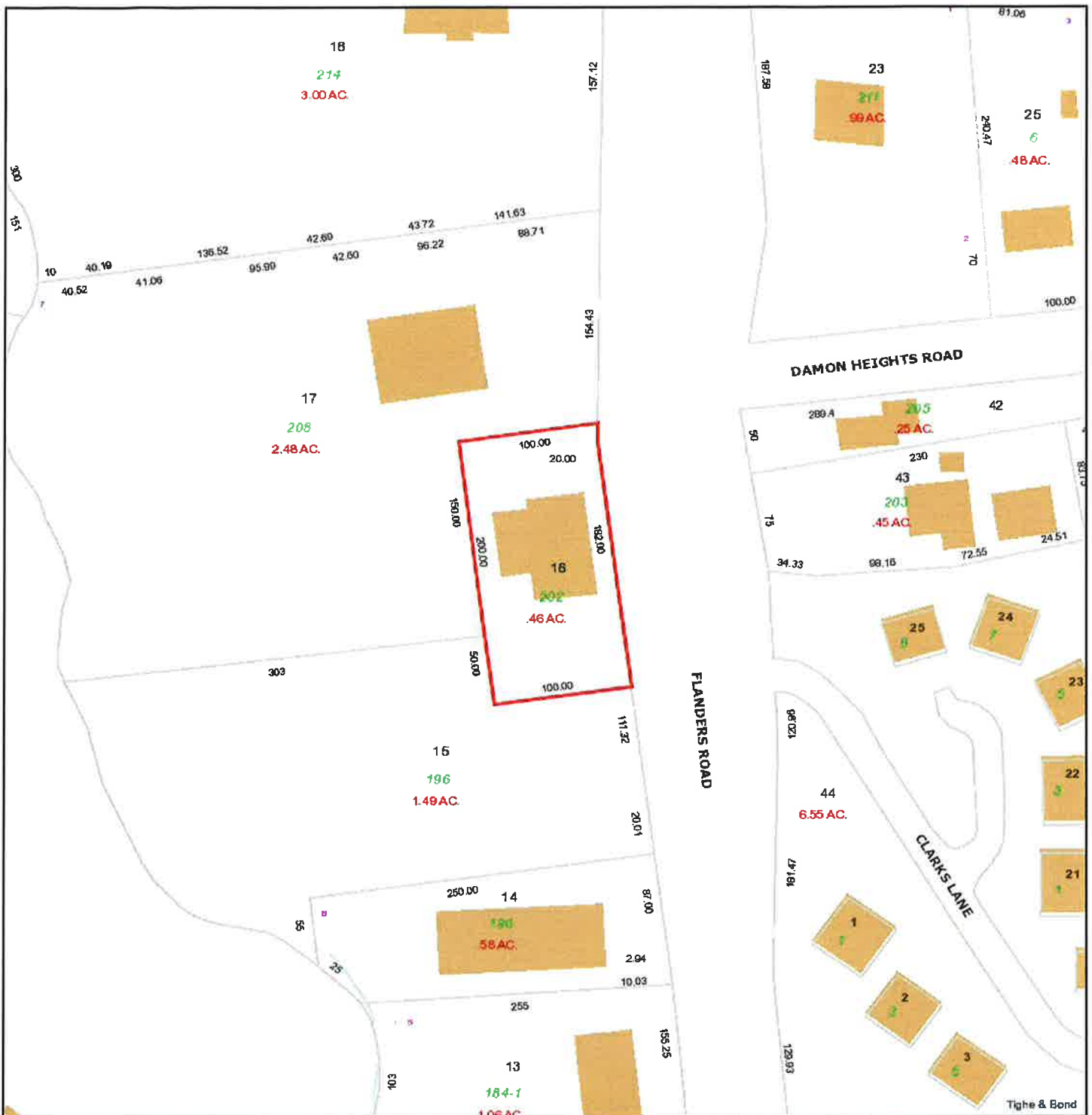
1/26/22  
Licensing / Insurance  
Compliance Coordinator  
Title (if applicable)

**Activity Information**

For a full description of each regulated activity, see the Aquifer Protection Area Regulations.

Underground storage or transmission of oil or petroleum	<input checked="" type="checkbox"/>
Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input checked="" type="checkbox"/>
On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>
Repair / maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>
Salvage operations of metal or vehicle parts	<input type="checkbox"/>
Wastewater discharges to groundwater other than domestic sewage or stormwater	<input type="checkbox"/>
Car or truck washing (unsewered)	<input type="checkbox"/>
Production or refining of chemicals	<input type="checkbox"/>
Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>
Industrial laundry service (unsewered)	<input type="checkbox"/>
Generation of electrical power by means of fossil fuels (power plants)	<input type="checkbox"/>
Production of electronic boards, components, or other electrical equipment	<input type="checkbox"/>
Embalming or crematory services (unsewered)	<input type="checkbox"/>
Furniture stripping operations	<input type="checkbox"/>
Furniture finishing operations	<input type="checkbox"/>
Storage, treatment or disposal of hazardous waste under a RCRA permit	<input type="checkbox"/>
Biological or chemical testing, analysis or research (unsewered)	<input type="checkbox"/>
Pest control services	<input type="checkbox"/>
Photographic finishing (unsewered)	<input type="checkbox"/>
Production or fabrication of metal products	<input type="checkbox"/>
Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>
Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)	<input type="checkbox"/>
Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>
Storage of de-icing chemicals (salt facility, fleet, state or municipal garage)	<input type="checkbox"/>
Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)	<input type="checkbox"/>
Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>
Production of wood veneer, plywood, reconstituted or pressure-treated wood	<input type="checkbox"/>
Pulp production processes	<input type="checkbox"/>





## 202 FLANDERS RD

1/26/2022 10:17:39

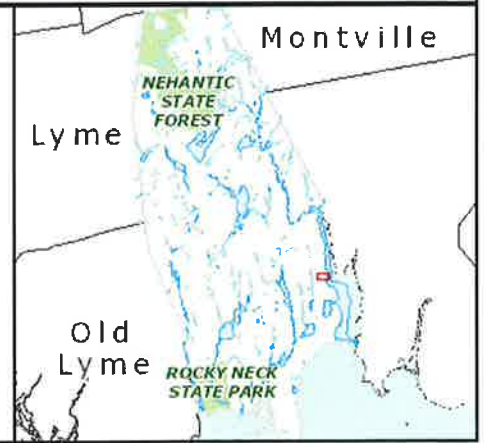
1"=100'

### Property Information

Parcel ID	26.3 16
Address	202 FLANDERS RD
Sale Price	\$1,900,000.00



The information depicted on this map is for planning purposes only. It is not adequate for legal boundary definition, regulatory interpretation, or parcel-level analyses.



## Salem

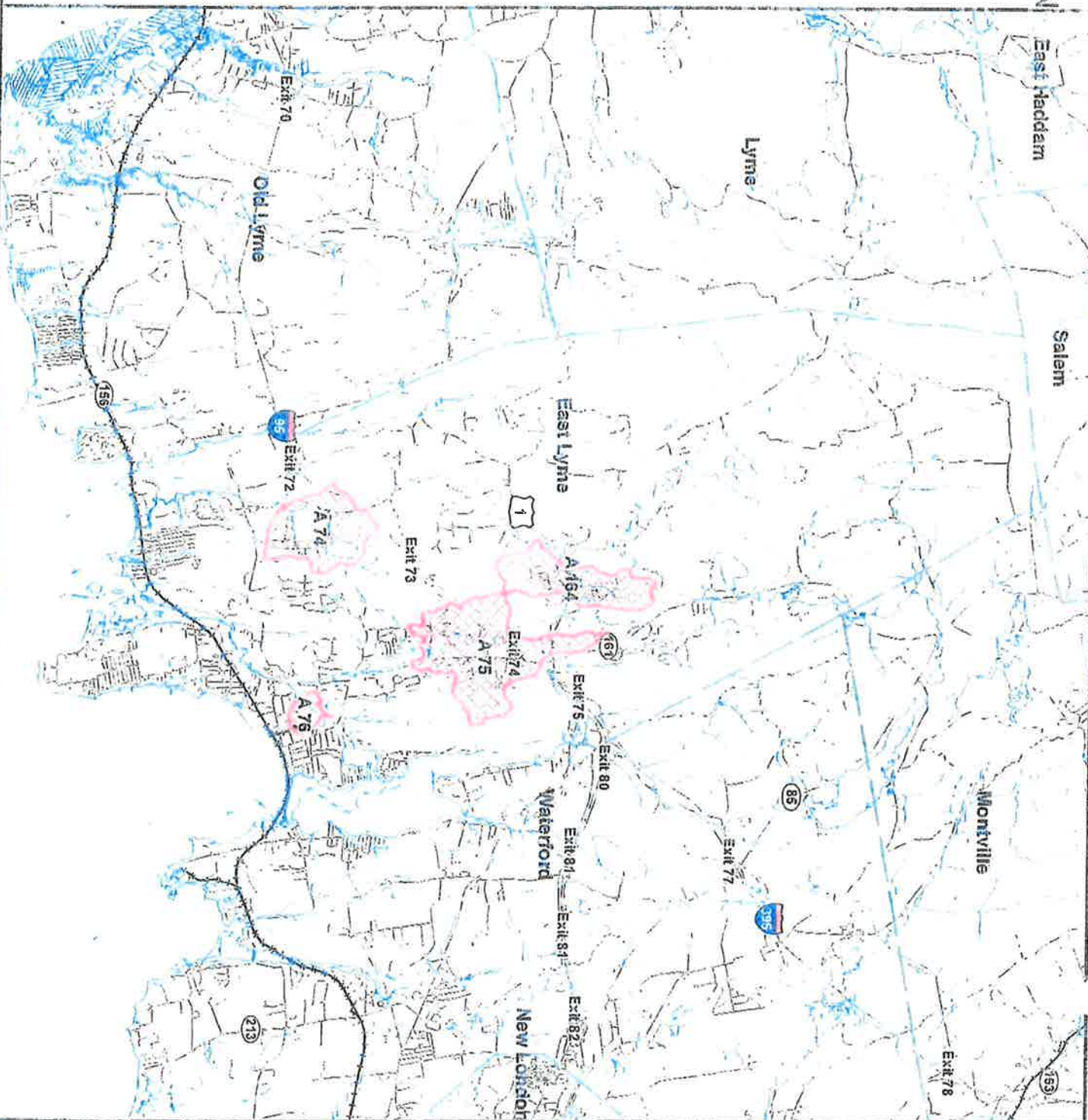
August 6, 2010

NOTE: This map shows Connecticut's Aquifer Protection Areas, as delineated through the Level A and Level B Mapping Processes. Aquifer Protection Areas are delineated for active public water supply wells in stratified drift that serve more than 1,000 people, in accordance with Sections 22a-354c and 22a-354z of the Connecticut General Statutes. Level B Mapping delineates a preliminary aquifer protection area, providing an estimate of the land area from which the well draws its water. Level A Mapping delineates the final Aquifer Protection Area, which becomes the regulatory boundary for land use controls designed to protect the well from contamination. Level A Mapping is completed for each well field and approved by DEP, it will replace the Level B Mapping. Towns that have adopted the Aquifer Protection Areas at the local level and for which land use regulations are now in place are designated by the solid pink/red shading.

**QUESTIONS:** DEP, Bureau of Water Protection and Land Reuse, Planning and Standards Division  
Phone (860) 424-3020  
[www.ct.gov/depr/laquiferprotection](http://www.ct.gov/depr/laquiferprotection)



STATE OF CONNECTICUT  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
79 Elm Street  
Hartford CT 06106-5127





555 South Columbus Avenue #201 Mount Vernon NY 10550 (914-699-9500)  
PO Box 7318 Kensington CT 06037-7318 (860) 828-0333

Town of East Lyme Aquifer Protection Agency  
East Lyme Land Use Department  
108 Pennsylvania Avenue  
Niantic CT 06357

January 26, 2022

Re: Atlantis Management Group 202 Flanders Road East Lyme CT

To Whom It May Concern:

Enclosed please find completed paperwork and associated fee for filing for Aquifer Protection Program.

Provisions implemented for compliance with best management practices include procedure for emergency response for fuel spills or leaks, Veeder Root Electronic monitoring for all underground storage tanks, maintaining required testing and certifications necessary to operate within Federal, state and local guidelines.

Thank you,

Jimmy Kochisarli (Vice President) & Samantha Rodriguez (Licensing/Insurance Compliance Coordinator)





# PROCEDURE FOR ADDRESSING FUEL SPILLS AND TANK MONITORING ALARMS

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## PROCEDURE FOR ADDRESSING FUEL SPILLS

### **LARGE SPILL**      **AS ASSOCIATED WITH A FUEL DELIVERY OR A VEHICLE GAS TANK MISHAP**

**(defined as larger than a trash can cover; moving, rolling, or pooling)**

**(rain or snow can/will cause a small spill to become a large spill)**

#### **1. STOP THE SPILL**

- Press STOP on the register to stop all pumps.
- Turn off the circuit breakers for the pumps until it is determined to be safe. (Managers should make sure all employees are shown where the circuit breakers are located and how to shut them off.)

#### **2. CONTAIN THE SPILL**

- Immediately spread Speedi-Dry or Kitty Litter on the spill. Should you have neither of these, use sand or dirt.
- Prevent spilled material from entering roadways, waterways, catch basins, sewers, or confined areas.
- Do not touch, walk, or drive through spilled material, cone or caution tape off area around the spill.

#### **3. REPORT THE SPILL**

- Report the spill to Service Department 860-828-0333 x237 or x233, or Chuck Gundersen 860-812-5478 as soon as possible (leave a message; keep calling until you reach a live person).
- Call your Manager and Territory Manager.
- After hours contact your TM immediately.

#### **4. THE FIRE DEPARTMENT WILL DIRECT CLEAN UP OF THE SPILL**

### **SMALL SPILL**      **(defined as smaller in diameter than a trash can cover and not moving)**

#### **1. STOP THE SPILL**

- If a customer has overfilled their tank or shut-off did not work, key the pump number and press STOP on the register.
- If the leak is more serious, (as with a spill associated with a fuel delivery) SEE LARGE SPILL PROCEDURE.

#### **2. CONTAIN THE SPILL**

- Immediately spread Speedi-Dry or Kitty Litter on the spill, should you have neither of these, use sand or dirt.
- Do not touch, walk, or drive through spilled material, cone or caution tape off area around the spill.

#### **3. REPORT THE SPILL**

- Report the spill to Service Department 860-828-0333 x237 or x233 or Chuck Gundersen 860-812-5478 as soon as possible (leave a message; keep calling until you reach a live person)
- Call your Manager and Territory Manager.
- After hours contact your TM immediately.

#### **4. COLLECT THE CONTAMINATED SPEEDI-DRY**

- Sweep up the absorbed material within 2 hours, double bag it, keep in dumpster area; notify service department for pick up and proper disposal.

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## PROCEDURE FOR TANK MONITORING LEAK ALARMS **(NOT TO BE CONFUSED WITH A DELIVERY NEED OR LOW LEVEL ALARM)**

1. Tell your Manager immediately. Call your Manager if he/she is not working.
2. Report the alarm to Service Department 860-828-0333 x237 or x233 or Chuck Gundersen 860-812-5478 as soon as possible (leave a message; keep calling until you reach a live person)
3. After hours contact your TM immediately.





# CERTIFICATE OF STORAGE TANK SYSTEM TESTING

**Crompco, LLC**  
1815 Gallagher Road  
Plymouth Meeting, PA 19462

**Phone:** (610) 278-7203  
**Fax:** (610) 278-7621

Work Order #674542	Client Information	Location #548
<b>Date:</b> Thu Mar 18th, 2021 <b>Reason:</b> Compliance	AMG Retail LLC(Samantha Rodriguez) <b>Invoice #</b> 815114 <b>Permit#</b> <b>P.O.#</b>	Atlantis Management Group Food Bag 202 Flanders Road Niantic, CT 06357 <b>County:</b> New London <b>State ID:</b> 45-463

Testing was conducted in accordance with all applicable portions of Federal, NFPA, and local regulations.

## Tanks

Equip #	Grade	Test	Result
D1R1	Diesel	EZY-3 Locator Plus	Pass
C1R1	Premium	EZY-3 Locator Plus	Pass
B1R1	Regular	EZY-3 Locator Plus	Pass
A1R1	Regular	EZY-3 Locator Plus	Pass

## Overfill

Equip #	Grade	Test	Result
B1R1	Regular	Overfill Verification	Pass
A1R1	Regular	Overfill Verification	Pass
C1R1	Premium	Overfill Verification	Pass
D1R1	Diesel	Overfill Verification	Pass

## Lines

Equip #	Grade	Test	Result
A1R1 (1-6)	Regular	Petro-tite Line	Pass
B1R1 (7-12)	Regular	Petro-tite Line	Pass
C1R1 (1-12)	Premium	Petro-tite Line	Pass
D1R1 (7,8-11,12)	Diesel	Petro-tite Line	Pass

## Leak Detectors

Equip #	Grade	Test	Result
A1R1	Regular	Leak Detector	Pass
B1R1	Regular	Leak Detector	Pass
C1R1	Premium	Leak Detector	Pass
D1R1	Diesel	Leak Detector	Pass

## Cathodic Protection: Tanks

Equip #	Grade	Test	Result
D1R1	Diesel	CP: Tanks	Pass
C1R1	Premium	CP: Tanks	Pass
A1R1	Regular	CP: Tanks	Pass
B1R1	Regular	CP: Tanks	Pass

## Monitor

Test	Result
Monitor Inspection	Pass

## Miscellaneous Inspections

Test	Result
CP: Continuity (Fixed Reference Cell)	Completed
Shear Valve	Pass



Tom Brugger  
Veeder Root Certification# B46348  
API Worksafe Safety Key# WS-29572  
Petro-Tite Line Testing# 0cb4147e (Exp: 11/18/2021)  
EZY-3 Locator Plus# 64-8036 (Exp: 11/10/2022)  
STI Cathodic Protection Tester ID# CP-16097  
Franklin Fueling Overfill Prevention Cert #1006083708

Jaime Marrero  
API Worksafe Safety Key# WS-30476

**Crompco, LLC**  
1815 Gallagher Road  
Plymouth Meeting, PA 19462

**Food Bag**  
**Phone:** (610) 278-7203  
**FAX:** 610-278-7621

202 Flanders Road  
Niantic, CT 06357  
**State ID:** 45-463

**Facility/Agency Copy**  
Site #548 / WO #674542  
Thu Mar 18th, 2021

## MONITORING SYSTEM CERTIFICATION

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST or AST systems within 30 days of test date.

### A. General Information

Facility Name: Food Bag Bldg. No.: 548

Site Address: 202 Flanders Road

City: Niantic

Zip: 06357

Make/Model of Monitoring System: Veeder Root TLS-350

Date of Testing/Servicing: 2021-03-18

### B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced.

<b>Tank ID: B1R1 (Regular) Diameter: 96</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other:	<b>Tank ID: A1R1 (Regular) Diameter: 96</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other:
<b>Tank ID: C1R1 (Premium) Diameter: 96</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other:	<b>Tank ID: D1R1 (Diesel) Diameter: 96</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: Magnetostrictive <input checked="" type="checkbox"/> Interstitial Tank Sensor . Model: 794390-420 (Bell Sensor) <input type="checkbox"/> Interstitial Spill Bucket Sensor . Model: <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: 794380-208 <input type="checkbox"/> Fill Sump Sensor(s). Model: <input type="checkbox"/> Mechanical Line Leak Detector. Model: <input type="checkbox"/> Electronic Line Leak Detector. Model: <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <input type="checkbox"/> Spill Bucket Gauge. Manufacturer: <input type="checkbox"/> Other:

Are there dispensers present? ☒ Yes ☐ No

<b>Dispenser ID: 1/2 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 3/4 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID: 5/6 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 7/8 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID: 9/10 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 11/12 (MPD)</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):

☐ System set-up ☐ Alarm history report

**Technician Name (print):**

Tom Brugger

Certification No.: Veeder Root Certification# B46348

Testing Company Name: Crompco Corporation Phone No.: 610-278-7203

Site Address: 1815 Gallagher Road, Plymouth Meeting, PA 19462

Date of Testing/Servicing: Thu Mar 18th, 2021

**Signature:**



**D. Results of Testing/Servicing**

Software Version Installed: 19.05

Complete the following checklist:

Yes	Is the audible alarm operational?
Yes	Is the visual alarm operational?
Yes	Were all sensors visually inspected, functionally tested, and confirmed operational?
Yes	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes; <input type="checkbox"/> No; <input checked="" type="checkbox"/> N/A.
N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger?% If NA, then what is the Primary Method of Overfill: <input checked="" type="checkbox"/> Ball Floats <input type="checkbox"/> Overfill Drop Tubes <input type="checkbox"/> Other:
No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water If yes, describe causes in Section E, below.
Yes	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable.
Yes	Is all monitoring equipment operational per manufacturer's specifications?

**E. Comments**

**F. In-Tank Gauging / SIR Equipment:**

☐ Check this box if tank gauging is used only for inventory control.

☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

N/A	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	Were all tank gauging probes visually inspected for damage and residue buildup?
Yes	Was accuracy of system product level readings tested?
Yes	Was accuracy of system water level readings tested?
Yes	Were all probes reinstalled properly?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?



\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G.Line Leak Detectors (LLD):**

☐ Check this box if LLDs are not installed.

Complete the following checklist:

Yes	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.
Yes	Were all LLDs confirmed operational and accurate within regulatory requirements?
Yes	Was the testing apparatus properly calibrated?
Yes	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:**

Did overall monitor system testing pass?

Pass

**Cromptco, LLC**  
1815 Gallagher Road  
Plymouth Meeting, PA 19462

**Food Bag**  
**Phone:** (610) 278-7203  
**FAX:** 610-278-7621

202 Flanders Road  
Niantic, CT 06357  
**State ID:** 45-463

**Facility/Agency Copy**  
Site #548 / WO #674542  
Thu Mar 18th, 2021

CP Test: Continuity		
<b>CP System On/Off:</b> <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	<b>Junction Box with Annode Shunts (ICCP Only)</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CP Type:</b> <input type="checkbox"/> Impressed <input checked="" type="checkbox"/> Sacrificial
<b>Results:</b> <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Comments:</b>	
<b>Fixed Reference Cell Location:</b> At The Vents	<b>Is there a Lead Wire Present?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the lead wire continuous with the tank bottom?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Structure Tested</b>	<b>Grade</b>	<b>Instant Off</b>
Test Lead	Regular	-989 mv
Conduit	Premium	-549 mv
Vent	Regular	-602 mv

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**Dispenser Shear Valve Inspection**

**Overall Result:**

P

**Product Shear Valves that do not operate properly:**

**Product Shear Valves that are not installed/mounted properly:**


Dispenser #	Product	Shear Valve Make	Operating Properly	Installed/Mounted Properly	Capped Shear Valve?	Comments
1/2	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
1/2	Premium	OPW	Yes	Yes	<input type="checkbox"/>	
3/4	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
3/4	Premium	OPW	Yes	Yes	<input type="checkbox"/>	
5/6	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
5/6	Premium	OPW	Yes	Yes	<input type="checkbox"/>	
5/6	Diesel	OPW	Yes	Yes	<input type="checkbox"/>	
7/8	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
7/8	Premium	OPW	Yes	Yes	<input type="checkbox"/>	
7/8	Diesel	OPW	Yes	Yes	<input type="checkbox"/>	
9/10	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
9/10	Premium	OPW	Yes	Yes	<input type="checkbox"/>	
11/12	Regular	OPW	Yes	Yes	<input type="checkbox"/>	
11/12	Premium	OPW	Yes	Yes	<input type="checkbox"/>	

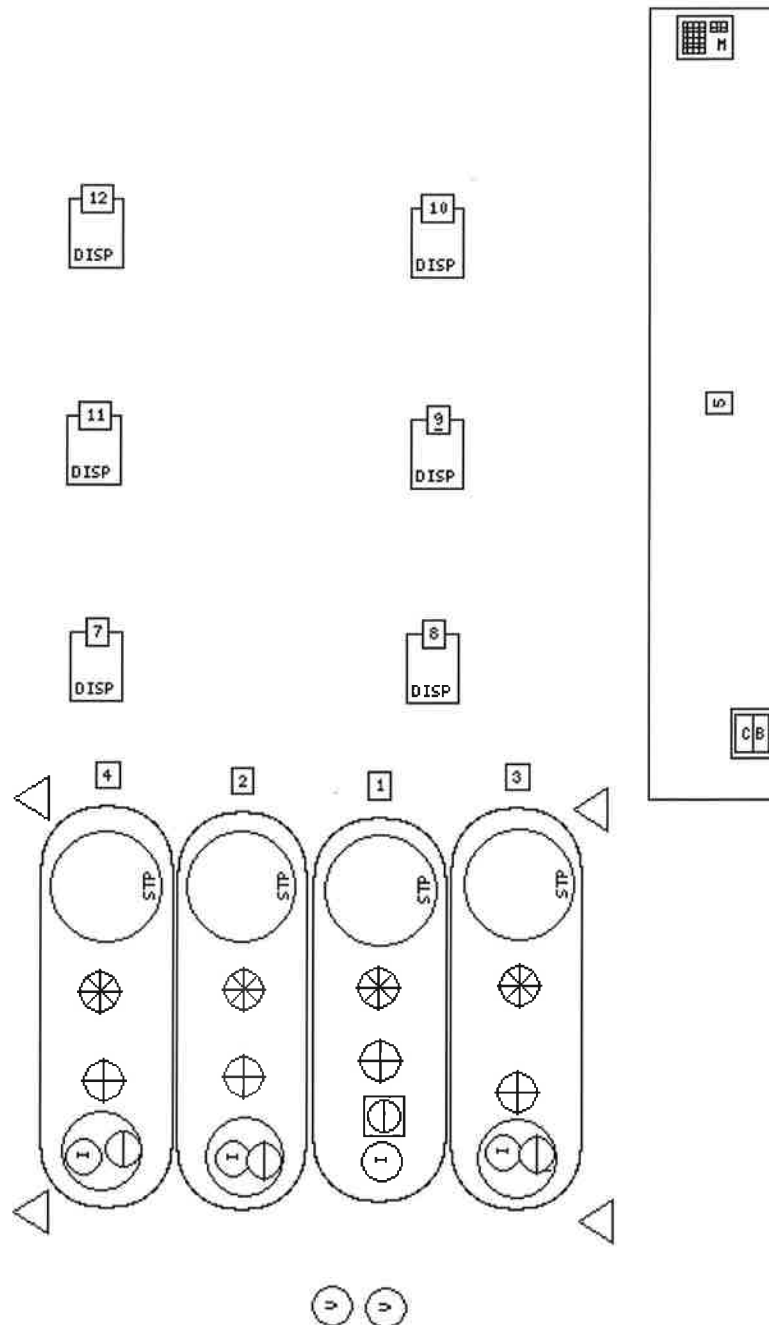
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**Thu Mar 18th, 2021**

 <b>CROMPCO</b>	<b>Date: 2021-03-18</b> <b>Work Order #: 674542</b> <b>Location #: 548</b>	
	<input checked="" type="checkbox"/> Remote Fill <input type="checkbox"/> Dry Brake	<input checked="" type="checkbox"/> ATG <input checked="" type="checkbox"/> Emergency Stop <input checked="" type="checkbox"/> Riser <input checked="" type="checkbox"/> Anode <input checked="" type="checkbox"/> Extractor
<input checked="" type="checkbox"/> Fixed Reference Cell <input checked="" type="checkbox"/> Stage 1 w/ Extractor <input checked="" type="checkbox"/> CP Test Station <input checked="" type="checkbox"/> Flapper Direction <input checked="" type="checkbox"/> Tank	<input checked="" type="checkbox"/> Circuit Breaker <input checked="" type="checkbox"/> Interstitial <input checked="" type="checkbox"/> Temp Well Installed <input checked="" type="checkbox"/> Compass <input checked="" type="checkbox"/> Manway	<input checked="" type="checkbox"/> Vent <input checked="" type="checkbox"/> Containment Sump <input checked="" type="checkbox"/> Monitor <input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> DW Fill
<input checked="" type="checkbox"/> Overfill Alarm <input checked="" type="checkbox"/> Dispenser <input checked="" type="checkbox"/> Rectifier <input checked="" type="checkbox"/> Drop Tank <input checked="" type="checkbox"/> Remote Dry Brake		





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Site #548 / WO #674542  
Thu Mar 18th, 2021

### Site Diagram Labels

- 1: Tank - 002 Reg
- 2: Tank - 003 Premium
- 3: Tank - 001 Reg
- 4: Tank - 004 Diesel
- 5: Block - Food Bag / Citgo
- 6: Road - Flanders Rd
- 7: Dispenser - 7/8
- 8: Dispenser - 5/6
- 9: Dispenser - 3/4
- 10: Dispenser - 1/2
- 11: Dispenser - 9/10
- 12: Dispenser - 11/12



## TEST RESULTS

March 23rd, 2021

Connecticut Department of  
Environmental Protection  
Bureau of Waste Management  
UST Program  
State Office Building  
79 Elm Street  
Hartford, CT 06106-5127

Test Results - UST Testing

Dear Sir / Madam:

Enclosed are copies of the test results performed by Crompco at the location listed below. On behalf of our customer, these results are being submitted to you in accordance with local regulations. Copies of the test results were also sent to the facility to be retained at the location in case an inspection would occur by a state or local agency.

ID Numbers	Address	Test Date	Crompco Work Order	Test(s) Performed
Location: 548 UST: 45-463	202 Flanders Road Niantic, CT 06357	Thu Mar 18th, 2021	674542	Shear Valve Petro-tite Line EZY-3 Locator Plus Monitor Inspection CP: Tanks Leak Detector Overfill Verification

If you should have any questions regarding the tests enclosed, please contact Crompco at 1-800-646-3161.

Sincerely,

Francyne Klein  
Compliance Administrator

## APPENDIX C-5

**UST OVERFILL EQUIPMENT INSPECTION  
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: Food Bag	Owner: Atlantis Management Group		
Address: 202 Flanders Road	Address: P O Box 7318		
City, State, Zip Code: Niantic, CT 06357	City, State, Zip Code: Kensington, CT 06037		
Facility I.D. #: 45-463	Phone #: 860-828-0333 x233		
Testing Company: Crompco	Phone #: 800-646-3161	Date: 2021-03-18	

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures

Product Grade	Regular	Regular	Premium	Diesel
Tank Number	B1R1	A1R1	C1R1	D1R1
Tank Volume, gallons	10072	10072	10072	10072
Tank Diameter, inches	96	96	96	96
Overfill Prevention Device Brand				
Type	Automatic Shutoff Device Ball Float Valve	Automatic Shutoff Device Ball Float Valve	Automatic Shutoff Device Ball Float Valve	Automatic Shutoff Device Ball Float Valve

**AUTOMATIC SHUTOFF DEVICE INSPECTION**

1. Drop tube removed from tank?				
2. Drop tube and float mechanisms are free of debris?				
3. Float moves freely without binding and poppet moves into flow path?				
4. Bypass valve in the drop tube is open and free of blockage? (if present)?				
5. Flapper is adjusted to shut off flow at 95% capacity or lower? *				

**BALL FLOAT VALVE INSPECTION**

1. Tank top fittings are vapor-tight and leak-free?	Y	Y	Y	Y
2. Ball float cage free of debris?	Y	Y	Y	Y
3. Ball is free of holes and cracks and moves freely in cage?				
4. Vent hole in pipe is open and near top to tank?	Y	Y	Y	Y
5. Ball float pipe is proper length to restrict flow at 90% capacity or lower? **	Y	Y	Y	Y
<b>Test Results</b>	Pass	Pass	Pass	Pass

\* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.

\*\* Use manufacturer's suggested procedure for determining if flow restriction device will shut off flow at 90% capacity.

# CERTIFICATE OF COMPLETION

**Gail Ladd**

Atlantis Management Group  
318 Main Street  
Berlin, Connecticut 06037

**HAS SUCCESSFULLY COMPLETED**

**Connecticut Class A/B UST Operator Training**  
*2021-01-31*



This Certificate is current for 2 Years

Training provided by

**ATCeclipse**  
The petroleum industry leader for compliance and fuel management.



# Determining Regulatory Status in Aquifer Protection Areas

This form will help you determine your regulatory status under the Putnam Aquifer Protection Area Program.

Certain facilities that are located in Aquifer Protection Areas are required to register their regulated activities with either the local Aquifer Protection Agency or the Connecticut Department of Environmental Protection (DEP).

## AGENCY/DEP USE ONLY

Application No.: \_\_\_\_\_

APA Name: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Date of Review: \_\_\_\_\_

\_\_\_\_ Facility is regulated

\_\_\_\_ Facility is not regulated

Date: 1/26/22

## Facility Information

Name of facility: AMG Retail 1 LLC Citgo #548

Street Address or Description of Location: 202 Flanders Road

City/Town: East Lyme State: CT Zip Code: 06357

## Facility Owner/Operator Contact Information

Name (printed): Jimmy Kachisari (VP), Samantha Rodriguez (Licensing/Insurance Compliance Coordinator)

Name (signature): Jimmy K

Title: \_\_\_\_\_

Phone: 860-828-0333 x233

Email: SRodriguez@atlantismgmt.com

## Description of business or activity:

Convenience store with Fuel Dispensers  
(Gas & Diesel)

SIC: \_\_\_\_\_

Please submit this Determining Your Regulatory Status in Aquifer Protection Areas Form to:

Putnam Aquifer Protection Agency  
Putnam Town Hall  
126 Church Street  
Putnam, CT 06260

## Regulated Activity List

From the following list, check ***all*** regulated activities being conducted at the facility or activities proposed for the facility.

**Regulated Activity:** There are exceptions within each regulated activity. For a full description of each regulated activity see Section Four of the Aquifer Protection Area Regulations of the Town of Putnam.

- ☒ (A) Underground storage or transmission of oil or petroleum
- ☒ (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- ☐ (C) On-site storage of hazardous materials for the purpose of wholesale sale
- ☐ (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- ☐ (E) Salvage operations of metal or vehicle parts
- ☐ (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- ☐ (G) Car or truck washing (unsewered)
- ☐ (H) Production or refining of chemicals
- ☐ (I) Clothes or cloth cleaning service (dry cleaner)
- ☐ (J) Industrial laundry service (unsewered)
- ☐ (K) Generation of electrical power by means of fossil fuels (power plants)
- ☐ (L) Production of electronic boards, electrical components, or other electrical equipment
- ☐ (M) Embalming or crematory services (unsewered)
- ☐ (N) Furniture stripping operations
- ☐ (O) Furniture finishing operations
- ☐ (P) Storage, treatment or disposal of hazardous waste under a RCRA permit
- ☐ (Q) Biological or chemical testing, analysis or research (unsewered)
- ☐ (R) Pest control services
- ☐ (S) Photographic finishing (unsewered)
- ☐ (T) Production or fabrication of metal products
- ☐ (U) Printing, plate making, lithography, photoengraving, or gravure
- ☐ (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)
- ☐ (W) Production of rubber, resin cements, elastomers or plastic
- ☐ (X) Storage of de-icing chemicals
- ☐ (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
- ☐ (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- ☐ (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- ☐ (BB) Pulp production processes

If you checked a listed activity above, indicate if you meet one of the following exclusions.

N/A

**1. The following are not regulated activities:**

☐ Any activity conducted at a residence without compensation

☐ any activity involving the use or storage of no more than two and one-half (2.5) gallons of each type of hazardous material on-site at any one time, provided the total of all hazardous materials on-site does not exceed fifty-five (55) gallons at any one time

☐ any agricultural activity regulated pursuant to section 22a-354m(d) of the Connecticut General Statutes

☐ any activity provided all the following conditions are satisfied:

1. such activity takes place solely within an enclosed building in an area with an impermeable floor,
2. such activity involves no more than 10% of the floor area in the building where the activity takes place,
3. any hazardous material used in connection with such activity is stored in such building at all times,
4. all waste waters generated by such activity are lawfully disposed through a connection to a publicly owned treatment works, and
5. such activity does not involve (i) repair or maintenance of internal combustion engines, including without limitation, vehicles, or equipment associated with such vehicles, (ii) underground storage of any hazardous material, or (iii) above ground storage of more than one hundred and ten (110) gallons of hazardous materials

☐ any activity solely involving the use of lubricating oil provided all the following conditions are satisfied:

1. such activity does not involve cleaning of metals with chlorinated solvents at the facility,
2. such activity takes place solely within an enclosed building in an area with an impermeable floor,
3. any hazardous material used in connection with such activity is stored in such building at all times, and
4. such activity does not involve (i) repair or maintenance of internal combustion engines, including without limitation, vehicles, or equipment associated with such vehicles, (ii) underground storage of any hazardous material, or (iii) above ground storage of more than 110 gallons of such lubricating oil and associated hazardous waste

☐ any activity involving the dispensing of oil or petroleum from an above-ground storage tank or tanks with an aggregate volume of 2000 gallons or less provided all the following conditions are satisfied:

1. such dispensing activity takes place solely on a paved surface which is covered by a roof,
2. the above-ground storage tank (or tanks) is a double-walled tank with overfill alarms, and
3. all associated piping is either above ground, or has secondary containment

**2. Provide further explanation why activity is or is not regulated.**

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