



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Stage II Vapor Recovery Program

Stage II Form D2

Annual In-Use Compliance Certification
(In-Use Compliance Testing Required)

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Stage II System Documentation

1. Stage II System Location

Name of facility where the Stage II System is installed

Facility address

City/town

State

Zip code

MassDEP Facility Account #: _____

CARB Executive Order #: _____

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

Name of Stage II System Responsible Official

Telephone number

Mailing address

City/town

State

Zip code

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

Name of Stage II System Responsible Official

Telephone number

Mailing address

City/town

State

Zip code

4. Stage II Annual Compliance Fee Billing Address:

Name of person to whom annual compliance fee is billed

Telephone Number

Name of company

Mailing address

City/town

State

Zip code

5. Has any Stage II system documentation provided in A. 1– 4 above changed from that currently on record in MassDEP's Stage II database? Yes No

6. Please check the box below identifying the correct amount of gasoline dispensed at your facility (gallons/annually):

Less than 120,000

120,000 to 240,000

240,001 to 500,000

500,001 to 1,000,000

1,000,001 to 2,000,000

Greater than 2,000,001

7. How many gasoline storage tanks are associated with this Stage II system? One Two or more



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B. In-Use Compliance Testing and Submittal Requirements

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

- Testing and Submittal Dates

For this certification form to be submitted on time, the envelope used to mail it to MassDEP must be postmarked on or before the facility's annual in-use compliance certification due date **AND** all compliance tests must be performed and passed within the 30 days prior to the postmarked date on the envelope.

Section C. to be completed by the Compliance Testing Company only

C. Compliance Testing Company Certification

- Name of Compliance Testing Company (please print) _____
- Testing Company ID #: _____
- CARB Executive Order #: _____
- Prior to performing required compliance tests, did you confirm that all above ground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?
 Yes No
- Did you perform each compliance test in accordance with the applicable test procedure?
 Yes No
- 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	_____	_____	_____
b. Vapor Tie test	_____	_____	_____
c. P/V Relief Vent test	_____	_____	_____
d. Dynamic Back Pressure/ Liquid Blockage test	_____	_____	_____
e. Air/Liquid Volume Ratio test	_____	_____	_____
f. Healy Fill-neck Pressure test	_____	_____	_____
g. Healy Vapor Return Line test	_____	_____	_____

- Were any compliance tests cited in 6. above performed and passed with one or more components isolated from the remainder of the Stage II system?
 Yes No

If yes, please identify the test and isolated component(s): _____

- Compliance Testing Company Responsible Official Compliance Certification Statement

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments pertaining 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.

Printed Name Of Compliance Testing Company
Responsible Official

Signature of Compliance Testing Company
Responsible Official

Date



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Section D. to be completed by the Stage II System Responsible Official(s) only.

D. Stage II Facility Compliance Certification

1. Stage II System Operation

- a. Have you operated and maintained the Stage II system in accordance with the system's applicable Executive Order?

Yes No (if no, see D.4 below)

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

- b. Have you visually inspected the Stage II system on a weekly basis?

Yes No (if no, see D.4 below)

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- c. Are the persons conducting weekly visual inspections trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?

Yes No (if no, see D.4 below)

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

2. Stage II System Maintenance

- a. As a result of weekly visual inspections, did you find any Stage II system components incorrectly installed, non-functioning or broken (broken)?

Yes No

- b. If **YES**, did you:

- i. immediately repair the broken Stage II component; **or**, if the component could not be immediately repaired
- ii. immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; **or**, if the component could not be repaired within 14 days
- iii. immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; **or**, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
- iv. immediately stop **all** dispensing of gasoline at the facility and post "Out of Service" signs on **all** gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Yes No (if no, see D.4 below)

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2. Stage II System Maintenance (cont.)

- c. Was one or more Annual In-Use Compliance tests failed on the first try? Yes No
- d. If **YES**, did you immediately repair the broken Stage II component(s) and pass the required applicable Annual In-Use Compliance tests? Yes No
- e. If **NO**, check the appropriate box below identifying your response to the failed tests, the repairs completed in order to pass the required test(s) and the date repairs were made.

Failed Test	Response To Failed Test (pick one per test, see details below)		Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s). (If additional space is needed, use D.4.)
	(1)	(2)	
i. Pressure Decay test	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. Vapor Tie test	<input type="checkbox"/>	<input type="checkbox"/>	_____
iii. P/V Relief Vent test	<input type="checkbox"/>	<input type="checkbox"/>	_____
iv. Dynamic Back Pressure/ Liquid Blockage test	<input type="checkbox"/>	<input type="checkbox"/>	_____
v. Air/Liquid Volume Ratio test	<input type="checkbox"/>	<input type="checkbox"/>	_____
vi. Healy Fill-neck Pressure test	<input type="checkbox"/>	<input type="checkbox"/>	_____
vii. Healy Vapor Return Line test	<input type="checkbox"/>	<input type="checkbox"/>	_____

- (1) immediately **isolate** the broken component(s) from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken component(s) until repaired; **or**, if the Stage II system could not be isolated from the broken component(s) so that the Stage II system is correctly operating;
- (2) immediately stopped **all** dispensing of gasoline at the facility and posted “Out of Service” signs on **all** gasoline dispensers until the component(s) are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

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3. Stage II System Record Keeping

Are the following records maintained on-site, in a centralized location:

- a. All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- b. A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
- c. A copy of the Stage II system’s currently applicable MassDEP Stage II In-Use Compliance Certification.
- d. Record of all persons trained to perform weekly inspections of the Stage II System.

Yes No (if no, see D.4 below)

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

