



# Stage II System Decommissioning Notification

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



DEP USE ONLY  
/ /  
Date Postmarked

## 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 MA Zip Code \_\_\_\_\_

## B. Responsible Official Documentation

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

Name of Stage II System Responsible Official #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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

Name of Stage II System Responsible Official #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Company or Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

## C. Annual Stage II System Compliance Fee Billing Documentation

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact name. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Company (Corp., Co., Inc., LLC, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



## Stage II System Decommissioning Notification

Section D. is to be completed by compliance testing company only

### D. Compliance Testing Company Certification

1. \_\_\_\_\_  
Name of Compliance Testing Company
2. Compliance Testing Company MassDEP ID #: \_\_\_\_\_
3. **Enter in item 4.** the Stage I system type or CARB order number. Answer “Yes” for only one question:
  - a. Is a Stage I system installed with both pre-EVR and EVR Stage I components?  Yes  No  
If **YES**, enter “**Pre-EVR / EVR System**” in 4. below.
  - b. Is a Stage I system installed with only EVR components from different CARB Certified EVR System Executive Orders? (“mix and match” EVR system)  Yes  No  
If **YES**, enter “**Component EVR System**” in 4. below.
  - c. Is a Stage I “**CARB Certified EVR System**” installed and are all EVR components listed and approved under a single Stage I EVR CARB Executive Order?  Yes  No  
If **YES**, enter the **CARB Executive Order Number** for the applicable EVR system in 4. below.
4. Stage I System type OR CARB Executive Order #: \_\_\_\_\_
5. Were new gasoline tanks and/or a new Stage I system installed at the time of the Stage II Decommissioning?  Yes  No  
If **YES**, the installation of a “Component EVR System” or a “CARB Certified EVR System” is required at the time of the Stage II decommissioning.
6. Tank Type: UST or AST? \_\_\_\_\_ 7. AST Manufacturer: \_\_\_\_\_
8. Stage I Type: Coaxial or Dual Point? \_\_\_\_\_
  - a. If Coaxial, are poppeted coaxial drop tubes installed?  Yes  No
  - b. If Dual Point, are EVR product and vapor rotatable adaptors installed?  Yes  No
9. CARB EVR product fill buckets and EVR vapor buckets installed?  Yes  No
10. If EVR product fill buckets are installed, are the EVR drop tubes installed below the EVR product fill buckets as required by the applicable CARB EVR Stage I Executive order?  Yes  No
11. CARB EVR Pressure Vacuum (P/V) vent valve(s) installed?  Yes  No
12. For motor vehicle fuel dispensing facilities with two or more USTs, prior to performing the required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded?  
 Yes  No  Not Applicable (only one gasoline storage tank)
13. Prior to performing the required post-decommissioning Stage I compliance tests, has the **entire** Stage II system been decommissioned in accordance with PEI Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle-Fueling Sites, PEI/RP300-09, Chapter 14, Decommissioning Stage II Vapor Recovery Piping?  Yes  No



## Stage II System Decommissioning Notification

### D. Compliance Testing Company Certification (cont.)

Section D. is to be completed by compliance testing company only

14. Indicate **date** each required Stage I compliance test, as applicable, was performed and **passed**:

Pressure Decay test	(TP-201.3)	_____
Vapor Tie test	(TP-96-1)	_____
P/V Vent Valve test	(TP-201.1E)	_____
Static Torque Rotatable Adaptor Test	(TP-201.1B)	_____
Leak Rate of Drop Tube / Drain Valve test <sup>1</sup>	(TP-201.1C)	_____
Leak Rate of Drop Tube / Overfill Prevention Device test <sup>1</sup>	(TP-201.1D)	_____

<sup>1</sup> Testing Company must conduct either TP-201-1C or TP-201.1D if the test is applicable (i.e., if EVR spill buckets are installed with drain valves or EVR buckets are installed with EVR overfill prevention drop tubes).

15. Did you perform each test in accordance with the referenced test procedure?  Yes  No

#### Compliance Testing Company Responsible Official Certification Statement

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section E. and all attachments that pertain to Section D., 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 Compliance Testing Company.

Printed Name of Compliance Testing Company  
Responsible Official

Signature of Compliance Testing Company  
Responsible Official

Date



## Stage II System Decommissioning Notification

Section E. is to be completed by Stage I System Responsible Official(s) only.

### E. Responsible Official Certification

#### 1. Stage II Decommissioning Requirements:

Any motor vehicle fuel dispensing facility that decommissions its existing Stage II system must decommission its entire existing Stage II system in accordance with all applicable steps listed in the *Petroleum Equipment Institute Recommended Practices, PEI/RP300-09, Section 14.*

- a. Has the entire Stage II system been decommissioned in accordance with the PEI Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle-Fueling Sites, PEI/RP300-09, Chapter 14, Decommissioning Stage II Vapor Recovery Piping?

Yes       No

- b. Has the required **PEI RP300 Stage II Decommissioning Checklist** been completed and signed by your decommissioning contractor and is it attached to this Notification?

Yes       No

#### 2. Responsible Official Certification Statement

I certify that, where I have indicated that I am the Responsible Official, **(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; and, **(b)** I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage II Responsible Official #1

Signature of Stage II Responsible Official #1

Date

Printed Name of Stage II Responsible Official #2

Signature of Stage II Responsible Official #2

Date

Please mail the completed **Stage II System Decommissioning Notification** and **PEI RP300 Stage II Decommissioning Checklist** to the following address:

MassDEP  
Bureau of Air and Waste  
Stage II Program  
P.O. Box 120-165  
Boston, MA 02112-0165