| A picture containing food  Description automatically generated | | | Massachusetts Department of Environmental Protection  Bureau of Air and Waste – Stage I Vapor Recovery Program  Stage I Form A  Stage I Installation/Substantial Modification Certification | | | | | | | | | MassDEP Facility Account # | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | | | 1. Applicability | | | | | | | | | | | | |
| A Stage I Form A shall be submitted for the following (Check only one):   1. Installation of a new Stage I system at a new motor vehicle fuel dispensing facility where a   gasoline dispensing facility never existed.   1. Substantial modification of an existing Stage I system. 2. An existing Stage I system where storage tanks that were temporarily out of service have reopened for fuel dispensing. | | | | | | | | | | | | |
| DEP USE ONLY  / /  Date Postmarked | | | 1. Stage I System Documentation | | | | | | | | | | | | |
| 1. Stage I System Location | | | | | | | | | | | | |
|  | | | Name of Facility Where the Stage I System is Installed | | | | | | | | | | | | |
|  | | | Facility Address | | | | | | | | | | | | |
|  | | | MA  City/Town State | | | | | | | | | Zip Code | | | |
|  | | | 1. Gasoline is dispensed to:  Private fleet  Commercial (general public) | | | | | | | | | | | | |
|  | | | 1. Anticipated amount of gasoline dispensed annually (gallons/annually):   Less than 120,000  120,000 to 240,000  240,001 to 500,000  500,001 to 1,200,000  1,200,001 to 2,000,000  Greater than 2,000,000 | | | | | | | | | | | | |
|  | | | 1. If one or more **new** Underground Storage Tanks (USTs) have been installed at a new or   existing motor vehicle fuel dispensing facility, have you registered the new USTs in the MassDEP UST Online Filing Data Management System?  Yes  No  If **NO**, you are required to register the new USTs in the MassDEP UST Online Filing Data Management System within 30 days of receiving product in the USTs. The UST data management system can be accessed at the following UST Program website link:  <http://www.mass.gov/eea/agencies/massdep/toxics/ust/> | | | | | | | | | | | | |
|  | | | 1. **Stage I System Responsible Official Documentation** | | | | | | | | | | | | |
|  | | | 1. Stage I System Responsible Official #1 | | | | | | | | | | | | |
|  | | | Name of Stage I System Responsible Official #1 | | | | | | | | | Phone Number | | | |
|  | | | Name of Company or Facility | | | | | | | | | | | | |
|  | | | Mailing Address | | | | | | | | | | | | |
|  | | | City/Town | | | | State | | | | | Zip Code | | | |
|  | | | Email Address | | | | | | | | | | | | |
|  | | | 1. **Stage I System Responsible Official Documentation (cont.)** | | | | | | | | | | | | |
|  | | | 1. Stage I System Responsible Official #2 (fill out only if applicable): | | | | | | | | | | | | |
|  | | | Name of Stage I System Responsible Official #2 | | | | | | | | | Phone Number | | | |
|  | | | Name of Company or Facility | | | | | | | | | | | | |
|  | | | Mailing Address | | | | | | | | | | | | |
|  | | | City/Town | | | | | | State | | | Zip Code    Zip Code | | | |
|  | | | Email Address | | | | | | | | | | | | |
|  | | | 1. Source of Authority for each Stage I System Responsible Official (RO), as applicable. Please check only **one** box for each RO.   If a Corporation, an official with authority to bind the Corporation:  RO #1 RO #2 RO #1 RO #2  President   Vice President  Secretary   Other person who performs a similar policy-  Treasurer   making or decision-making function of the  Corporation  If a Partnership, a general partner  If a Sole Proprietorship, the proprietor  If a Trust, a trustee  If a Limited Liability Company, an authorized person  If a municipality/public agency, a principal executive official  or ranking elected official with authority to enter into contracts  on behalf of the municipality/public agency | | | | | | | | | | | | |
|  | | | 1. **Annual Stage I 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.) | | | | | | | | | Federal Employer ID# - FEIN | | | |
|  | | | Mailing Address | | | | | | | | | | | | |
|  | | | City/Town | | | | | | | | State | Zip Code | | | |
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| Section E is to  be completed by Compliance Testing Company only. | | | 1. **Compliance Testing Company Certification** | | | | | | | | | | | | |
| Name of Compliance Testing Company | | | | Compliance Testing Company MassDEP ID #: | | | | | | | | |
| 1. Were **new gasoline tanks** and/or a **new** **Stage I system** installed **after 1/2/15?**  Yes  No   If yes, a “Component EVR System” or a “CARB Certified EVR System” is required to be installed. | | | | | | | | | | | | |
|  | | | 1. Was the **existing** Stage I system **Substantially Modified?**  Yes  No   STAGE I SUBSTANTIAL MODIFICATION, as used in 310 CMR 7.24(3), means, the installation, repair or replacement of one or more Stage I system components requiring excavation below a shear valve or tank pad including, but not limited to, vent piping; vapor space tie bar; dual-point or co-axial Stage I systems; or motor vehicle fuel storage tanks.  If yes, briefly describe the Stage I components that were installed and substantially modified: | | | | | | | | | | | | |
|  | | | 1. **Answer “Yes” for only one question:** 2. 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 6. below.   1. 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 6. below.   1. Is a Stage I “**CARB Certified EVR System”** installed and are **all** EVR components listed and approved under a single CARB EVR System Executive Order?  Yes  No   If Yes, enter the **CARB Executive Order Number** for the applicable EVR systemin 6. below. | | | | | | | | | | | | |
|  | | | 1. Stage I System Type **or** CARB Executive Order #: | | | | | | | | |  | | | |
|  | | | 1. Tank Type: UST or AST? |  | | | 1. AST Make: | | | | |  | | | |
|  | | | 1. **Product Buckets**: Screw-On, Slip-On, or Screw-On & Slip-On? | | | | | | | | |  | | | |
|  | | | 1. **Vapor Buckets:** Screw-On, Slip-On, Screw-On & Slip-On, or Manhole? | | | | | | | | |  | | | |
|  | | | 1. Stage I Type: Coaxial or Dual Point? | | | | | | | | |  | | | |
|  | | | Coaxial Stage I systems are prohibited on **new** Stage I system installations and tank replacements.   1. If Coaxial, are poppeted coaxial drop tubes installed?  Yes  No 2. If Dual Point, are EVR product **and** vapor rotatable adaptors installed?  Yes  No | | | | | | | | | | | | |
|  | | | 1. CARB EVR product fill buckets **and** EVR vapor buckets installed?  Yes  No | | | | | | | | | | | | |
|  | | | 1. For CARB EVR buckets are the drop tubes installed **below** the bucket?  Yes  No | | | | | | | | | | | | |
|  | | | 1. CARB EVR Pressure Vacuum (P/V) vent valve(s) installed?  Yes  No | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Section E is to  be completed by Compliance Testing Company only. | | | 1. **Compliance Testing Company Certification (cont.)** | | | | | | | | | | | | |
| 1. 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 **1**  (TP-201.1C) | | | | | | | | |  | | | |
|  | | | Leak Rate of Drop Tube / Overfill Prevention Device test **1**  (TP-201.1D) | | | | | | | | |  | | | |
|  | | | **1**  Testing Company must conduct either TP-201-1C **and / or** TP-201.1D if the test is applicable (i.e., If EVR spill buckets are installed with drain valves **and / or** EVR buckets are installed with EVR overfill prevention drop tubes). | | | | | | | | | | | | |
|  | | | 1. Did you perform each test in accordance with the referenced test procedure?  Yes  No | | | | | | | | | | | | |
|  | | | 1. For motor vehicle fuel dispensing facilities with two or more USTs, are the gasoline storage tanks vapor manifolded as required?   Yes  No  Not Applicable (i.e., one gasoline storage tank) | | | | | | | | | | | | |
|  | | | 1. For **Pre-EVR/EVR systems**, prior to performing required compliance tests, did you confirm that all required Pre-EVR and EVR components are correctly installed in accordance with the system’s applicable CARB Executive Orders and manufacturers guidance?   Yes  N/A | | | | | | | | | | | | |
|  | | | 1. For **Component EVR and CARB Certified EVR systems**, prior to performing required compliance tests, did you confirm that all required EVR components, including but not limited to; product and vapor buckets, rotatable adaptors, dust caps, drop tubes, ATG caps and adaptors, P/V vent valves, for OPW Buckets: OPW Jack Screw kits, for Emco Wheaton buckets: Emco Wheaton riser seals are correctly installed in accordance with applicable CARB Executive Orders and manufacturers guidance?   Yes  N/A | | | | | | | | | | | | |
|  | | | 1. 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 E., 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 |
|  | | |
| Section F. is to be completed by Stage I System Responsible Official(s) only. | | | 1. **Stage I System Responsible Official Compliance Certification** | | | | | | | | | | | | |
| 1. **Stage I System Operation & Maintenance, Training, and Weekly Inspections** 2. Have you obtained and reviewed the applicable CARB Executive Ordersandmanufacturers’ guidance for your Stage I system to ensure correct operation and maintenance of your Stage I system? (The CARB Executive Order or System Type is identified on page 3, section E. 6.)   Yes  No  If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-evrphaseI.htm>  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
|  | | | 1. Have you reviewed **MassDEP’s** **Stage I Weekly Inspection & Compliance Guidance Manual?**   Yes  No  If **NO,** Guidance Manuals are available at:  <http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>  The MassDEP Stage I Weekly Inspection & Compliance Guidance Manual provides guidance and training for conducting the required visual inspections.  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
|  | | | 1. Are you in compliance with the requirement that all **persons** conducting visual inspections of the Stage I System are **trained** to operate and maintain the Stage I system in accordance with the applicable CARB executive orders and manufacturers’ guidance?  Yes  No   Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
|  | | | 1. Are you in compliance with the requirement that the **Stage I system** must be **visually inspected** once every **seven** days?  Yes  No   Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
|  | | | * 1. Do you understand the requirement that upon determining during a **visual inspection** that Stage I system components are incorrectly installed, non-functioning or broken, you shall:  1. Immediately repair or replace the components with CARB Enhanced Vapor Recovery (EVR) components (except coaxial components and slip-on spill buckets may be replaced with the same Pre-EVR Stage I components until the applicable EVR deadline) and install them in accordance with applicable Executive Orders and manufacturers guidance; **or**   Yes  No   1. If repairs or replacements could not be made immediately, did you repair or replace the components within 30 days of the visual inspection date; **or**   Yes  No | | | | | | | | | | | | |
|  | | | 1. If the components could not be repaired or replaced within 30 days of the visual inspection date, did you cease the transfer of motor vehicle fuel into the motor vehicle fuel storage tanks equipped with the incorrectly installed, non-functioning or broken components until the components were repaired or replaced?   Yes  No  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
| Section F. is to be completed by Stage I System Responsible Official(s) only. | | | 1. **Stage I System Responsible Official Compliance Certification (cont.)** | | | | | | | | | | | | |
| 1. **Stage I System Record Keeping**   Are you in compliance with the requirement to retain on-site in a centralized location in either hard copy or electronic format the **following records?**   1. All of the weekly inspection checklists for the prior rolling twelve-month period. 2. A copy of the compliance testing company test results for compliance tests performed during the prior rolling twelve-month period. 3. A copy of the Stage I system’s most recent In-Use Compliance Certification or, if more recent, a copy of the Stage I system’s Installation/Substantial Modification Certification. 4. Training Log of all persons trained to perform visual inspections of the Stage I System.   Yes  No  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | | |
|  | | | 1. **Stage I System Responsible Official Compliance Certification Statement**   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**[[1]](#footnote-1)** 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. | | | | | | | | | | | | |
|  | | | Printed Name of Stage I Responsible Official #1 | | | | | Signature of Stage I Responsible Official #1 | | | | | | | Date |
|  | | |  | | | | |  | | | | | | |  |
|  | | | Printed Name of Stage I Responsible Official #2 | | | | | Signature of Stage I Responsible Official #2  Signature of Stage II System Responsible Official #2 | | | | | | | Date |

1. For purposes of this statement, “systems to maintain compliance” means procedures that the Stage I facility owner and/or operator has established to ensure that visual inspections and required tests are conducted, that broken or defective components are repaired or replaced and that required records are maintained. [↑](#footnote-ref-1)