|  | Massachusetts Department of Environmental Protection  Bureau of Air and Waste – Stage I Vapor Recovery Program  Stage I Form D2  Alternative Annual In-Use Compliance 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. Stage I System Documentation | | | | | | | | | | | |
| 1. Stage I System Location | | | | | | | | | | | |
| Name of Facility Where the Stage I System is Installed | | | | | | | | | | | |
| Facility Address | | | | | | | | | | | |
| City/Town | | | MA  State | | | | | | | Zip Code | |
| 1. Stage I System Responsible Official #1 (point of contact for Stage I related correspondence) | | | | | | | | | | | |
| DEP USE ONLY  //  Date Postmarked | Name of Stage I System Responsible Official #1 | | | | | | | | | | Phone Number | |
| Mailing Address | | | | | | | | | | | |
|  | City/Town | | | State | | | | | | | Zip Code | |
|  | Email Address | | | | | | | | | | | |
|  | 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 | | | |
|  | Email Address | | | | | | | | | | | |
|  | 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.) | | | | | | | | | | | |
|  | Mailing Address | | | | | | | | | | | |
|  | City/Town | | | | | | State | | Zip Code | | | |
|  | 1. Has any documentation in A. 1 – 4 changed?  Yes  No (If **YES** indicate any changes above) | | | | | | | | | | | |
|  | 1. Please check the box below identifying the amount of gasoline dispensed at this facility (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 | | | | | | | | | | | |
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|  |  | | | | | | | | | | | |
|  | 1. **In-Use Compliance Testing Requirements** | | | | | | | | | | | |
|  | 1. In-Use Compliance Tests Required to be Performed and Passed: | | | | | | | | | | | |
| Section C. to be completed by the Compliance Testing  Company only. | 1. Compliance Testing Company Certification | | | | | | | | | | | |
| Name of Compliance Testing Company | | | | | Compliance Testing Company MassDEP ID # | | | | | | |
| 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 4. 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 4. 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 4. below. | | | | | | | | | | | |
|  | 1. Stage I System Type **or** CARB Executive Order #: | | | | | | | | |  | | |
|  | 1. Was a Pre-EVR/EVR system converted to an EVR system by a **minor modification**?  Yes  No   If Yes, indicate in item 6. the EVR Stage I components installed and modifications made. | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | 1. Tank Type: UST or AST? |  | | | 1. AST Make: | | | | |  | | |
|  | 1. **Product** **Buckets:** Screw-On, Slip-On, 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? | | | | | | | | |  | | |
|  | 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 | | | | | | | | | | | |
|  | 1. For motor vehicle fuel dispensing facilities with two or more UST’s, are the gasoline storage tanks vapor manifolded as required?   Yes  No  Not Applicable (Only one gasoline storage tank) | | | | | | | | | | | |
| Section C. to be completed by the Compliance Testing  Company only. | 1. **Compliance Testing Company Certification (cont.)** | | | | | | | | | | | |
| 1. For each required test provide the: Date Test First Result of First Date Test Performed   Performed Test (Pass/Fail) 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 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 **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 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 Compliance Testing Company. | | | | | | | | | | | |
|  | **Printed Name Of Compliance Testing Company Responsible Official** | | **Signature of Compliance Testing Company Responsible Official** | | | | | | | | | **Date** |
|  |
| Section D. to be completed by the 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 operated and maintained the Stage I system in accordance the applicable CARB Executive Ordersandmanufacturers’ guidance for your Stage I system? (The CARB Executive Order or System Type is identified on page 2, section C. 4.)   Yes  No    If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo.htm>  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | |
| Section D. to be completed by the Stage I System Responsible Official(s) only. | |  | | --- | | 1. Stage I System Responsible Official Compliance Certification (cont) | | | | | | | | | | | | |
| 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 **all** **persons** conducting visual inspections **trained** to operate and maintain the Stage I system in accordance with the manufacturers’ guidance?  Yes  No   Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | |
|  | 1. Have you **visually inspected** the Stage I system once every **seven** days?  Yes  No   Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | |
|  | 1. As a result of the **visual inspections** did you find any Stage I system components incorrectly installed, non-functioning or broken?  Yes  No   If **YES**, did you:   1. Immediately repair or replace the components with CARB Enhanced Vapor Recovery (EVR) components (except coaxial components and slip-on spill buckets may be Pre-EVR) 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 | | | | | | | | | | | |
|  | 1. **Stage I Testing – Failed Tests** (See page 3, section C. 13.) 2. Was one or more Annual In-Use Compliance **tests failed** on the **first test?**  Yes  No   If **YES**, did you:   1. Immediately repair or replace the components with CARB Enhanced Vapor Recovery (EVR) components (except coaxial components and slip-on spill buckets may be Pre-EVR) and install them in accordance with the applicable Executive Orders and manufacturers guidance; **and** 2. Continue to re-test until each failed test is passed and submit an Annual In-Use Compliance Certification on or before the facility’s annual certification submittal due date or within 30 days of the date of the first passing test result, whichever occurs first; **or**   Yes  No If **NO**, proceed to a.3. | | | | | | | | | | | |
| Section D. to be completed by the Stage I System Responsible Official(s) only. | 1. Stage I System Responsible Official Compliance Certification (cont) | | | | | | | | | | | |
| 1. If the Stage I system failed one or more required in-use compliance tests and the system could not be repaired as required with a.1. & 2. above, **cease** the transfer of motor vehicle fuel into the motor vehicle fuel storage tanks equipped with the failing Stage I system until the system was repaired in accordance with the applicable CARB Executive Orders and manufacturers’ guidance and all applicable compliance testing was conducted and passed.   Yes  No  Stage I System Responsible Official attesting to compliance status  #1  #2 | | | | | | | | | | | |
|  | 1. **Stage I System Record Keeping**   Are the following **records maintained on-site** in a centralized location in either hard copy or electronic format?   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. **Compliance Status and Actions to Ensure Future Compliance** | | | | | | | | | | | |
|  | If you are **NOT** in compliance with any question you answered in Section D. above, please explain:   1. the reason you are not in compliance; 2. the actions you will take to correct the noncompliance and the date completed; and 3. the actions you will take to avoid the noncompliance in the future.   If more space is needed, please use additional pages as necessary. | | | | | | | | | | | |
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|  | 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 | | | | | | | | | 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 weekly 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)