

**NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Division of Air Resources**

**STAGE II VAPOR COLLECTION DECOMMISSIONING CHECKLIST** (JUNE 2011)

**This form may be used to document the procedure used to decommission a Stage II Vapor Collection System.**

***A. Facility Information***

Facility Name: \_\_\_\_\_

Underground Storage Tank Program Identification #: \_\_\_\_\_

Facility Address (Street and City): \_\_\_\_\_

Owner: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***B. Contractor Information***

Contractor performing Stage II decommissioning: \_\_\_\_\_

Business Address : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State : \_\_\_\_\_ ZIP : \_\_\_\_\_

***C. Decommissioning Actions***

*(a) Vapor collection piping:*

- Piping removed [if "yes" go on to (b)]?: Yes ☐ No ☐
- Piping purged of any liquid?: Yes ☐ No ☐
- Piping capped at dispenser end?: Yes ☐ No ☐
- Piping capped at tank end?: Yes ☐ No ☐

*(b) Liquid drop-out tank:*

- Liquid drop-out tank present [if "no" go on to (c)]?: Yes ☐ No ☐
- Liquid drop-out tank removed [if "yes" go on to (c)]?: Yes ☐ No ☐
- Liquid in tank evacuated?: Yes ☐ No ☐ NA ☐
- Siphon line disconnected at submersible pump and capped?: Yes ☐ No ☐ Siphon not present ☐

*(c) Hanging hardware:*

- Stage II hanging hardware replaced with non-Stage II equipment?: Yes ☐ No ☐

(d) Vacuum pump:

- Vacuum motor disabled or removed?: Yes ☐ No ☐ NA ☐

(e) Stage II Dispensing Instructions:

- Decals with Stage II dispensing instructions removed?: Yes ☐ No ☐ NA ☐

(f) Leak test:

- Leak test performed? Yes ☐ No ☐
- Test report attached?: Yes ☐ No ☐

**D. Comments (use this section if you need to provide additional information)**

**E. Certification of Information Accuracy**

The information presented herein is true and accurate to the best of my knowledge and I am authorized to make this statement on behalf of this facility.

\_\_\_\_\_  
Signature of Owner ☐, Operator ☐ or Authorized Agent ☐

Date \_\_\_\_\_

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

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

Business Address : \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State : \_\_\_\_\_

ZIP : \_\_\_\_\_