

VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Air Pollution Control Division
Waste Management Division

STAGE II VAPOR RECOVERY DECOMMISSIONING CHECKLIST

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: _____

Contractor phone number - Office: _____ Cell: _____

C. Decommissioning Actions

(a) Vapor recovery piping:

- Piping removed?: Yes No [if "yes" go on to (b)]
- 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?: Yes No [if "no" go on to (c)]
- If present, has liquid drop-out tank been removed?: Yes No [if "yes" go on to (c)]
- Liquid in tank removed?: Yes No NA
- Siphon line disconnected at submersible pump and capped?: Yes No Siphon not present

(c) Dispenser vapor piping:

- Existing dispenser replaced by a dispenser without Stage II vapor piping?: Yes No [if "yes" go on to (g)]
- All dispenser vapor piping removed?: Yes No [if "yes" go on to (g)]
- Dispenser vapor piping capped?: Yes No

(d) Hanging hardware:

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

(e) Vacuum pump:

- Vacuum motor disabled or removed?: Yes No NA

(f) Do Not Top Off Decals:

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

(g) Overfill protection (complete only if vapor return piping is still connected to the storage tank system):

- Overfill device present?: Yes No
- Overfill device set to engage at appropriate height?: Yes No
- Overfill device fully functional?: Yes No

(h) Pressure decay test:

- Pressure decay test performed? Yes No N/A
- 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 : _____

Company: _____

Business Address : _____

Phone : (____) _____ - _____

City, State : _____

ZIP : _____