

**VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Air Quality and Climate Division**  
**Waste Management and Prevention 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
- 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 : \_\_\_\_\_