## 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: ____________________