

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

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: _____

Business Address : _____ Phone : (____) _____ - _____

City, State : _____ ZIP : _____

C. Decommissioning Actions

(a) Vapor recovery 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 : _____