

**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

*(di) Stage II Dispensing Instructions:*

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

*(dii) 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 :* \_\_\_\_\_