



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Air Management
Engineering & Enforcement Division

Certification Report for a Decommissioned Stage II Vapor Recovery System at a Gasoline Dispensing Facility (GDF)

Please fill out this form completely in accordance with the instructions to ensure the proper handling of your decommissioning certification report. Print or type unless otherwise noted. Please retain a copy of this completed certification report at your gasoline dispensing facility (GDF).

For those GDF owners decommissioning a Stage II vapor recovery system, this certification report is being required pursuant to section 22a-174e of the CT General Statutes to demonstrate that the GDF has been decommissioned as required. If you have any questions about this form please call 860-424-3473.

Part I: Documentation of Decommissioning

This completed report (including the required attachments) **must be submitted within 10 days** of the pressure decay test date.

<input type="checkbox"/> Post-decommissioning Certification Report <input type="checkbox"/> Amendment to decommissioning Certification Report previously submitted*	Provide GDF Retail Gasoline Dealer's License # <hr style="width: 80%; margin-left: 0;"/> <p style="color: red; font-size: small;">* <i>If amending an existing report, please circle in red to indicate any changes to the existing report information.</i></p>
<p>Decommissioning Start and End Dates: _____ Decay Testing Date: _____</p> <ul style="list-style-type: none"> Include with this report the completed and signed Appendix C "Stage II Decommissioning Checklist" and Appendix B-1 "Sample Form for Recording Pressure Decay Test Data" provided in PEI Recommended Practices document (PEI/RP 300-09). In addition, please include the pressure/vacuum vent valve and tank-tie test results with this report. 	
<p>Decommissioning Requirements:</p> <ul style="list-style-type: none"> Decommissioning of a Stage II vapor recovery system shall be performed in accordance with section 14 of the 2009 Petroleum Equipment Institute "Recommended Practices for Installation and Testing of Vapor-Recovery Systems at Vehicle-Fueling Sites" (PEI/RP 300-09), which can be purchased at www.pei.org. Before, during and after the decommissioning process, the owner and operator of the GDF must remain in compliance with all applicable federal, state, and local laws including but not limited to federal standards such as Title 40 of the Code of Federal Regulations Part 63 Subpart CCCCCC, and local permitting requirements and notifications to the local fire marshal and building officials. 	
<p><i>Each GDF site must have its own certification report.</i></p> <p>GDF Site Name: _____</p> <p>Address: _____</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext.: _____</p> <p>Contact Person: _____</p> <p>24-Hour Emergency Phone: _____</p>	

Part II: Certification Report/GDF Information

If a GDF owner or operator is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).

If a GDF owner or operator is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

1. GDF owner or operator:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the Department, at this electronic address, concerning the subject report. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address changes.

2. List entity providing the decommissioning service, if different than the above mentioned.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Title:

Consumer Protection Repairer of Weighing and Measuring Devices License # :

*Email:

Part III: Decommissioning Certification Report Details

If you answer **NO** or **N/A** to any of the questions below, you must complete Part IV.

A. What material were the vapor riser and the cap made of that were used to seal the system?

B. Are these cap materials compatible with the parts they come in contact with and approved for use in GDFs?

Yes No N/A

C. Were the Stage II instructional labels and phone numbers removed from the dispensers?

Yes No N/A

D. Is the GDF in compliance with Stage I emission control requirements as required by state and federal law?

Yes No N/A

Type of Stage I vapor Recovery System installed?

Two Point:

Coaxial:

Part III: Decommissioning Certification Report Details (cont.)

E. Are the pressure/vacuum vent valve test results included in submitted paperwork?
 Yes No N/A

F. Was the system pressure tested, with vent caps installed, using the approved decay test method?
 Yes No N/A

G. Are the pressure decay test results included in submitted paperwork?
 Yes No N/A

H. Are the tie-tank test results included in submitted paperwork?
 Yes No N/A

Part IV: No or N/A Responses

To create additional rows, you may hit the tab button at the end of each table, in the last cell.

Part III. Letter	Response No or N/A	Reason

Part V: Certification

The company representative with overall responsibility for the GDF, as well as the preparer of this decommissioning certification report, shall sign this certification. A decommissioning certification report will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this certification report is on complete and accurate forms as prescribed by the commissioner without alteration of the text. I understand that a false statement in the submitted information may be punishable as a criminal offense, under section 22a-175 of the General Statutes, under section 53a-157b of the General Statutes, and in accordance with any applicable statute."

Signature of Company Representative*	Date
Name of Company Representative (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the completed decommissioning certification report to: air.vapor.program@ct.gov with the following in the subject line: "Certification for Decommissioned Stage II Vapor Recovery" followed by address, town, fuel brand, and retail license number.

Or mail to:

BUREAU OF AIR MANAGEMENT
ATTN: AIR ENFORCEMENT
CT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM ST
HARTFORD, CT 06106-5127

(Please choose either to mail or e-mail the form.)