

## Intent to Decommission Notification for Decommissioning a Stage II Vapor Recovery system at a Gasoline Dispensing Facility (GDF)

Please complete this form to ensure the proper handling of your intent to decommission. Print or type unless otherwise noted. Please retain a copy of this completed notification at your gasoline dispensing facility (GDF).

For those GDF owners seeking authority to decommission a Stage II vapor recovery system, this notification is being provided pursuant to section 22a-174e of the CT General Statutes to meet the requirements of such notification. If you have any questions about this form please call 860-424-3473.

## Part I: Documentation of GDF

Provide GDF Retail Gasoline Dealer's License #	Type of Stage II system installed			
Provide the number of dispensers subject to decommissioning	The date of the last completed Stage II Vapor Recovery Test at the GDF			
Proposed Decommissioning Start Date(s):				
<ul> <li>This notification must be made at least 30 days prior to the start of decommissioning</li> <li>Once decommissioning is initiated it must be completed within 100 days.</li> <li>A notification of the pressure decay test must be made to the CT DEEP at least seven business days prior to the scheduled test on the "Pressure Decay Test Notification" form.</li> <li>A final decommissioning report (including attachments) must be submitted to the CT DEEP on the "Certification Report" form within 10 days of decay test date. The required attachments are listed on that form.</li> </ul>				
Decommissioning Requirements:				
<ul> <li>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 <a href="https://www.pei.org">www.pei.org</a>.</li> </ul>				
<ul> <li>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.</li> </ul>				
Each GDF site must have its own Intent to Decommission No	otification.			
GDF Site Name:				
Address:				
City/Town: St	tate: Zip Code:			
Business Phone: ex	xt.:			
Contact Person:				
24-Hour Emergency Phone:				

## **Part II: Intent to Decommission Notification 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. G	. GDF owner or operator:					
Ν	lame:					
Ν	lailing Address:					
C	City/Town:	State:	Z	Zip Code:		
В	Business Phone:	ext.:				
C	Contact Person:	Phone:	$\epsilon$	ext.:		
*	E-mail:					
е	*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. L	List entity providing the decommissioning service, if different than the above mentioned.					
Ν	lame:					
Ν	failing Address:					
C	City/Town:		State:	Zip Code:		
В	Business Phone:		ext.:			
C	Contact Person:		Title:			
*	Email:					
С	Consumer Protection Repairer of Weighing and Measuring Devices License #:					

## Part III: Certification

The company representative with overall responsibility for the GDF, as well as the preparer of this Intent to Decommission Notification, shall sign this certification. An Intent to Decommission Notification form 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 Intent to Decommission form 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)			
Circulations of Brown and	Date			
Signature of Preparer	Date			
Name of Preparer (print or type)	Title (if applicable)			
Name of Freparer (print of type)	Title (II applicable)			
Check here if additional signatures are required. If so, pleas to this sheet.	e reproduce this sheet and attach signed copies			

Please submit the completed Intent to Decommission Notification form to: <a href="mailto:air.vapor.program@ct.gov">air.vapor.program@ct.gov</a> with the following in the subject line: "Intent to Decommission for" followed by address, town, fuel brand, and retail gasoline dealer's license number.

Or mail to:

ENGINEERING & ENFORCEMENT DIVISION BUREAU OF AIR MANAGEMENT CT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

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