

Department of Environmental Quality P.O. Box 4314 Baton Rouge, LA 70821 Attn: Stage II Program	<h1>LOUISIANA</h1> <h2>Notice of Decommissioning Stage II Vapor Recovery Completion</h2>	
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Instructions: Complete this form and mail to the address listed above, **no later than 10 calendar days** after completion of all decommissioning activity.

According to LAC 33:III.2132, all gasoline-dispensing facilities have no later than 18 months from July 6, 2020 to either remove or decommission Stage II vapor recovery equipment at the facility.

Facility and Contractor Information			
Gasoline Dispensing Facility Information			
Agency Interest No.:	Facility ID No.:	# of Pumps affected:	
Facility's Legal Name:			
Facility's Local Name:			
Facility Address:			
Owner/Operator Information (Facility Contact)			
Name:	Email Address:	Telephone No.:	
Mailing Address:			
Stage II Decommissioning Activity Checklist			Completed?
			Y N N/A
Relieve pressure in the tank ullage by removing all pressure/vacuum vent valves.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Drain all liquid collection points and vapor pumps for individual dispensers.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remove all centrally located vapor pumps;			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disconnect all electrical components of the Stage II system so that no electrical hazards are created. e.g., all vapor pumping or processing units and dispenser electronics			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reprogram the dispenser electronics to reflect that Stage II vapor recovery is no longer in service.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Securely seal the below-grade vapor piping at a height below the level of the base of the dispenser using only threaded plugs, threaded caps, or glued fittings.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disconnect and seal off the vapor piping at the tank top if this can be done without excavation and without interfering with the vent line using only threaded plugs, threaded caps, or glue fittings.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Securely seal the lower end of the vapor piping inside the dispenser cabinet using only threaded plugs, threaded caps, or glue fittings.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Replace the stage II hanging hardware including hoses, nozzles, swivels, and breakaway components with conventional, industry-standard hanging hardware.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Install appropriate pressure/vacuum vent valve(s) or cap(s).			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remove any Stage II instructions from the dispenser cabinet.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Conduct a pressure decay test.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Conduct a visual check to verify that the visible components of the storage system are left in a condition that will reliably prevent the release of any vapors or liquids from any component of the storage system associated with Stage II vapor recovery.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disconnect the central vacuum motor if present on the Stage II system and seal piping using only threaded plugs, threaded caps, or glue fittings.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All gasoline pumps were removed or replaced with pumps that do not have Stage II equipment.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Decommissioning Date

Documentation of the Stage II decommissioning activity must be submitted with this form. Documentation may include a copy of any contracts, work orders, certifications, or receipts for decommissioning equipment.

Completion date: _____

Contractor Information		
Name:	Email Address:	Telephone No.:
Company Name:		

Pursuant to La. R.S. 30:2025, any willfully or knowingly false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document submitted to the Department may be subject to civil or criminal penalties. I certify that the information contained in this form is true and accurate to the best of my knowledge.

Signature of Responsible Official

Date

Print Name

Title