



STAGE II VAPOR RECOVERY SYSTEM DECOMMISSIONING NOTIFICATION FORM

The owner or operator of a gasoline dispensing facility that is decommissioning a Stage II vapor recovery system under Pa. Code Title 25, Section 129.82a(d), must sign and complete this Form 2700-FM-BAQ0129. The form must be submitted by mail or email within 10 business days of completion of the decommissioning.

Please ensure that copies of all records of the work done are kept on site or stored electronically for onsite examination with Stage II records, including completed checklists and results of the required testing to document the work that was done.

Please submit the notice to the appropriate DEP regional office, Philadelphia Air Management Services, or the Allegheny County Health Department at the respective address listed below.

<p>Southeast Regional Office (Bucks, Chester, Delaware, Montgomery Counties)</p> <p>Email: RA-EPSEROAQREPORTS@pa.gov</p>	<p>Southwest Regional Office (Armstrong, Beaver, Butler, Fayette, Washington, Westmoreland Counties)</p> <p>Air Quality Program Manager Department of Environmental Protection Southwest Regional Office 400 Waterfront Drive Pittsburgh, PA 15222</p> <p>Email (preferred): RA-EPSWROAQREPORTS@pa.gov</p>
<p>Philadelphia Air Management Services (City of Philadelphia)</p> <p>Source Registration Philadelphia Air Management Services 321 University Avenue Philadelphia, PA 19401</p> <p>Email (preferred): DPHAMS_Service_Requests@phila.gov</p>	<p>Allegheny County Health Dept. (Allegheny County)</p> <p>Allegheny County Health Dept. Air Quality Program 301 39th, Building #7 Pittsburgh, PA 15201</p> <p>Email (preferred): AQReports@alleghenycounty.us</p>
<p>All other counties:</p> <p>Email: RA-EPSTAGEII@pa.gov</p>	

In Philadelphia County, in addition to providing this completed notice, gasoline dispensing facility owners and operators should contact the Philadelphia Air Management Services at (215) 685-7572 or via email at DPHAMS_Service_Requests@phila.gov prior to decommissioning to discuss additional requirements that may apply.

Please also be aware that dispenser removal and decommissioning vapor return piping are tank handling activities that require a DEP-certified installer with certification category UMX or UMI, and also require "2630-FM-BECB0575 Underground Storage Tank Modification Reports" to be submitted to the Storage Tanks Program at the appropriate regional office and at DEP's central office within 30 days of the completion of the work.



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I. FACILITY INFORMATION
Facility Name: _____ Storage Tanks Facility ID: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____
II. FACILITY OWNER OR OPERATOR INFORMATION
Name: _____ <input type="checkbox"/> Owner OR <input type="checkbox"/> Operator Street Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Telephone: (____) _____ - _____ Email Address: _____
III. FACILITY OWNER OR OPERATOR SIGNATURE
I understand that all work performed to decommission the Stage II vapor recovery system at the facility identified above on the date _____ was required to be performed in accordance with Pa. Code Title 25, Chapter 129 and was performed by a certified installer of storage tanks under Pa. Code Title 25, Chapter 245. _____ <i>(Signature of Facility Owner or Operator Identified Above)</i> _____ <i>(Date)</i>
IV. CERTIFIED INSTALLER INFORMATION
Name of Certified Installer: _____ Tanks Individual Certification ID No.: _____ Certification Category(ies): _____ (must be UMX or UMI) Company: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Date of Decommissioning: _____
V. CERTIFIED INSTALLER SIGNATURE
I hereby declare that all work performed during the decommissioning of the Stage II vapor recovery system at the facility identified above on the date _____ was performed in accordance with Pa. Code Title 25, Chapter 129, and that I am a certified installer of storage tanks under Pa. Code Title 25, Chapter 245. _____ <i>(Signature of Certified Installer)</i> _____ <i>(Date)</i>

VI. DECOMMISSIONING TEST RESULTS AND STATUS OF VAPOR TIGHT RETURN LINE AND DISPENSERS

Result of CARB TP-201.3: _____

Result of CARB TP-201.3C: _____

Status of Vapor Return Line

- Vapor Return Line was capped
- Vapor Return Line was not capped because not accessible at time of decommissioning

Status of Dispensers after decommissioning:

- Modified
- OR
- Replaced