

### Attachment III

#### Revised Stage II Certification Forms

Form A: Installation/Substantial Modification Certification

(Form B: Not included, eliminated as a result of proposed amendments)

Form C: Annual In-Use Compliance Certification

Form D1: Alternative Annual In-Use Compliance Certification (No Testing Required)

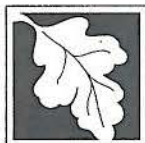
Form D2: Alternative Annual In-Use Compliance Certification (Testing Required)

#### Revised Stage II Notification Forms

Form E: New Stage II System Owner, Operator, Lessee or Controller Notification

Form F: Stage II System Closure Notification

#### For Discussion Purposes Only



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

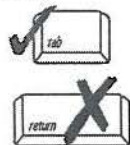
# Stage II Form A

## Installation/Substantial Modification Certification

### A. Stage II System Documentation

1. Stage II System Location (please print):

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name of facility where the Stage II System is installed \_\_\_\_\_ Telephone number \_\_\_\_\_  
Facility address \_\_\_\_\_  
City/town \_\_\_\_\_ Zip code \_\_\_\_\_

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence):

Name of Stage II System Responsible Official (please print) \_\_\_\_\_ Telephone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

3. Stage II System Responsible Official #2 (fill out only if applicable):

Name of Stage II System Responsible Official (please print) \_\_\_\_\_ Telephone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4. Source of Authority for each Stage II System Responsible Official (RO), as applicable. **Please check only one box for each RO.**

If a Corporation, an official with authority to bind the Corporation:

	RO #1	RO #2		RO #1	RO #2
President	<input type="checkbox"/>	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	Other person who performs a similar policy-		
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	making or decision-making function of the		
			Corporation	<input type="checkbox"/>	<input type="checkbox"/>

If a Partnership, a general partner

If a Sole Proprietorship, the proprietor

If a municipality/public agency, a principal executive official  
or ranking elected official with authority to enter into contracts  
on behalf of municipality/public agency.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Stage II System Annual Compliance Fee Billing Address (please print):

Name of person to whom annual compliance fee is billed \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Name of company \_\_\_\_\_ Federal Employer ID# - FEIN \_\_\_\_\_  
Facility address \_\_\_\_\_  
City/town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

## Stage II Form A

### Installation/Substantial Modification Certification

#### A. Stage II System Documentation (cont.)

6. Stage II Facility Information:

a. This form is submitted in response to (check one):

☐ The installation of a new Stage II system, where no Stage II system is currently installed.

☐ The substantial modification of a currently installed Stage II system.

b. For an installed Stage II system that has been substantially modified:

Is any of the Stage II system documentation submitted in  
A.1 – 5 of this form revised from the most recent Stage II  
system documentation submitted to DEP for this facility?

☐ Yes

☐ No

c. Stage II system Executive Order # of newly  
installed/substantially modified Stage II system: \_\_\_\_\_

d. Fuel dispensed to: ☐ private fleet only ☐ general public

e. How many gasoline storage tanks are associated  
with this Stage II System?

☐ One

☐ Two or more

f. Anticipated amount of gasoline dispensed annually (in gallons):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,000,000

☐ 1,000,000 to 2,000,000

☐ Greater than 2,000,000

Section B is to  
be completed by  
the Compliance  
Testing  
Company only.

#### B. Compliance Testing Company Certification

1. Name of Compliance Testing Company (please print) \_\_\_\_\_
2. DEP Stage II Compliance Testing Company ID #: \_\_\_\_\_
3. Installed Stage II System Executive Order #: \_\_\_\_\_
4. Prior to performing required compliance tests, did you confirm that all above ground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?  
☐ Yes ☐ No
5. For Stage II Systems associated with two or more gasoline storage tanks, prior to performing required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded in accordance with the system's currently applicable Executive Order?  
☐ Yes ☐ No ☐ Not Applicable (only one gasoline storage tank)
6. Are you in compliance with the requirements to perform each applicable compliance test in accordance with the referenced test procedure?  
☐ Yes ☐ No





## Stage II Form A

Installation/Substantial Modification Certification

### B. Compliance Testing Company Certification (cont.)

7. Date each required installation compliance test was performed and passed:

a. Pressure Decay test

b. Vapor Tie test

c. P/V Relief Vent test

d. Dynamic Back Pressure/Liquid Blockage test

e. Air/Liquid Volume Ratio Test

f. Healy Fillneck Pressure test

g. Healy Vapor Return Line test

I certify that, (a) I have personally examined the foregoing and am familiar with the information contained in Section B. and all attachments that pertain to Section B., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and (b) I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed name of Compliance Testing Co. Responsible  
Official

Signature of Compliance Testing Co.  
Responsible Official

Date

Section C is to  
be completed by  
Stage II System  
Responsible  
Official(s) only.

### C. Stage II Facility Compliance Certification

#### Facility Operation, Maintenance and Record Keeping

1. Have you obtained and reviewed a copy of your Stage II system's Executive Order and DEP's Stage II Facility Training Manual to ensure correct operation and maintenance of your Stage II system?

☐ Yes

☐ No (If "No", see Directions For Completing Form E, Section C.)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

2. Are the persons conducting required weekly visual inspections of the Stage II System trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?

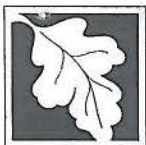
☐ Yes

☐ No

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2



## Stage II Form A

### Installation/Substantial Modification Certification

#### C. Stage II Facility Compliance Certification (cont.)

3. In response to incorrectly installed, non-functioning or broken (broken) Stage II components identified as a result of a weekly visual inspection or one or more failed Stage II Compliance Tests, are you in compliance with the requirements to:
- immediately repair the broken Stage II component; or, if the component can not be immediately repaired
  - immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; or, if the component can not be repaired within 14 days
  - immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; or, if the stage II system can not be isolated from the broken component so that the Stage II system is correctly operating
  - immediately stop all dispensing of gasoline at the facility and post "Out of Service" signs on all gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes

☐ No

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

4. Are you in compliance with the requirements to maintain the following records on-site, in a centralized location:
- All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
  - A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
  - A copy of the Stage II system's currently applicable DEP Stage II In-Use Compliance Certification.
  - Record of all persons trained to perform weekly inspections of the Stage II System.

☐ Yes

☐ No

I certify that, where I have indicated that I am the Stage II System Responsible Official, (a) I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; (b) systems<sup>1</sup> to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, (c) I am fully authorized to make this attestation on behalf of the facility.

Printed name of Stage II System Responsible Official #1

Signature of Stage II System Responsible

Date

Printed name of Stage II System Responsible Official #2

Signature of Stage II System Responsible

Date

<sup>1</sup> For purposes of this statement, "systems to maintain compliance" means procedures that the Stage II facility owner and/or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.





# Stage II Form C

## Annual In-Use Compliance Certification

### A. Stage II System Documentation

1. Stage II System Location

«RO\_Name» \_\_\_\_\_

Name of facility where the Stage II System is installed

«RO\_Street» \_\_\_\_\_

Facility address

«RO\_Town» \_\_\_\_\_

City/town

MA

State

«RO\_ZIP» \_\_\_\_\_

Zip code

2. Stage II System Responsible Official #1 (point of contact for Stage II correspondence)

«RO\_MailCnt» \_\_\_\_\_

Name of Stage II System Responsible Official

«RO\_Phn» \_\_\_\_\_

Telephone number

«RO\_MailAddr» \_\_\_\_\_

Mailing address

«RO\_MailCity» \_\_\_\_\_

City/town

«RO\_MailState» \_\_\_\_\_

«RO\_MailZIP» \_\_\_\_\_

Zip code

3. Stage II System Responsible Official #2 (fill out only if applicable)

«DspOfficial2Cnt» \_\_\_\_\_

Name of Stage II System Responsible Official

«DspOfficial2Phone» \_\_\_\_\_

«DspOfficial2Addr» \_\_\_\_\_

Mailing address

«DspOfficial2City» \_\_\_\_\_

City/town

«DspOfficial2Sta  
te» \_\_\_\_\_

«DspOfficial2ZIP» \_\_\_\_\_

4. Stage II Annual Compliance Fee Billing Address:

\_\_\_\_\_  
Name of person to whom annual compliance fee is billed

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of company

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City/town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

5. Stage II System Executive Order#: «CARB\_NumCode», «CARB\_SysClass»,  
«CARB\_SysType»

6. DEP records show your facility to dispense \_\_\_\_\_ gallons of gasoline annually.

If this is **INCORRECT**, please check the box below identifying the correct amount of gasoline dispensed at your facility (gallons/annually):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,000,000

☐ 1,000,001 to 2,000,000

☐ Greater than 2,000,001

7. How many gasoline storage tanks are associated with this Stage II system?

☐ One

☐ Two or more

8. Is the pre-completed Stage II system documentation contained in A.1. – 5. correct?

☐ Yes

☐ No

If no, please print the correct information to the right on the same line or check the correct box.



## Stage II Form C

### Annual In-Use Compliance Certification

#### B. In-Use Compliance Testing and Submittal Requirements

1. In-Use Compliance Tests Required to be Performed and Passed.

«TestsRequired»

2. Testing and Submittal Dates

For this Form to be submitted on time, the envelope used to mail it to DEP must be postmark-dated on or before «TestDueDate» **AND** all compliance tests must be performed and passed within the 30 days prior to the postmarked date on the envelope.

#### C. Compliance Testing Company Certification

To be completed by the Compliance Testing Company only

1. \_\_\_\_\_  
Name of Compliance Testing Company (please print)
2. DEP Stage II Compliance Testing Company ID#: \_\_\_\_\_
3. Prior to performing required compliance tests, did you confirm that all above ground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?

☐ Yes

☐ No

4. Did you perform each compliance test in accordance with the applicable test procedure?

☐ Yes

☐ No

5. For each required compliance test, provide the:

	Date Test First Performed	Result of First Test (Pass/Fail)	Date Test Performed and Passed
a. Pressure Decay test	_____	_____	_____
b. Vapor Tie test	_____	_____	_____
c. P/V Relief Vent test	_____	_____	_____
d. Dynamic Back Pressure/ Liquid Blockage test	_____	_____	_____
e. Air/Liquid Volume Ratio test	_____	_____	_____
f. Healy Fill-neck Pressure test	_____	_____	_____
g. Healy Vapor Return Line test	_____	_____	_____

6. Were any compliance tests cited in 5. above performed and passed with one or more components isolated from the remainder of the Stage II system?

☐ Yes

☐ No

If yes, please identify the test and isolated component(s): \_\_\_\_\_

I certify that, (a) I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments pertaining to Section C., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and (b) I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed Name Of Compliance Testing Company  
Responsible Official

Signature of Compliance Testing Company  
Responsible Official

Date





## Stage II Form C

### Annual In-Use Compliance Certification

#### D. Stage II Facility Compliance Certification

To be completed by the Stage II System Responsible Official(s) only.

##### 1. Stage II System Operation

- a. Have you operated and maintained the Stage II system in accordance with the system's applicable Executive Order?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

- b. Have you visually inspected the Stage II system on a weekly basis?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

- c. Are the persons conducting weekly visual inspections trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

##### 2. Stage II System Maintenance

- a. As a result of weekly visual inspections, did you find any Stage II system components incorrectly installed, non-functioning or broken (broken)?

☐ Yes

☐ No

If **YES**, did you:

- immediately repair the broken Stage II component; **or**, if the component could not be immediately repaired
- immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; **or**, if the component could not be repaired within 14 days
- immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; **or**, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
- immediately stop **all** dispensing of gasoline at the facility and post "Out of Service" signs on **all** gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2





## Stage II Form C

### Annual In-Use Compliance Certification

#### 2. Stage II System Maintenance (cont.)

b. Was one or more Annual In-Use Compliance test failed on the first try?

☐ Yes

☐ No

If **YES**, please check the appropriate box below identifying your response to the failed test(s), repairs made, and date repairs completed in order for the Stage II system to pass failed test(s).

Failed Test	Response To Failed Test (pick one, see details below)				Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s). (If additional space is needed, use D.4.)
	(1)	(2)	(3)	(4)	
i. Pressure Decay test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Vapor Tie test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. P/V Relief Vent test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Dynamic Back Pressure/ Liquid Blockage test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Air/Liquid Volume Ratio test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Healy Fill-neck Pressure test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Healy Vapor Return Line test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- (1) immediately repaired the incorrectly installed, non-functioning or broken (broken) Stage II component; or, if the component could not be immediately repaired
- (2) immediately stopped dispensing gasoline through the broken component, posted "Out of Service" signs on it, and repaired it within 14 days; or, if the component could not be repaired within 14 days
- (3) immediately isolated the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and posted "Out of Service" signs on the broken component until repaired; or, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
- (4) immediately stopped all dispensing of gasoline at the facility and posted "Out of Service" signs on all gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

#### 3. Stage II System Record Keeping

Are the following records maintained on-site, in a centralized location:

- a. All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- b. A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
- c. A copy of the Stage II system's currently applicable DEP Stage II In-Use Compliance Certification.
- d. Record of all persons trained to perform weekly inspections of the Stage II System.

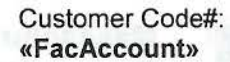
☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2



## Annual In-Use Compliance Certification

## Date \_\_\_\_\_





# Stage II Form D1

Alternative Annual In-Use Compliance Certification  
(No In-Use Compliance Testing Required)

## A. Stage II System Documentation

1. Stage II System Location

«RO\_Name»

Name of facility where the Stage II System is installed

«RO\_Street»

Facility address

«RO\_Town»

City/town

MA

State

«RO\_ZIP»

Zip code

2. Stage II System Responsible Official #1 (point of contact for Stage II correspondence)

«RO\_MailCnt»

Name of Stage II System Responsible Official

«RO\_Phn»

Telephone number

«RO\_MailAddr»

Mailing address

«RO\_MailCity»

City/town

«RO\_MailState»

«RO\_MailZIP»

Zip code

3. Stage II System Responsible Official #2 (fill out only if applicable)

«DspOfficial2Cnt»

Name of Stage II System Responsible Official

«DspOfficial2Phone»

«DspOfficial2Addr»

Mailing address

«DspOfficial2City»

City/town

«DspOfficial2Sta  
te»

«DspOfficial2ZIP»

4. Stage II Annual Compliance Fee Billing Address:

Name of person to whom annual compliance fee is billed

Telephone Number

Name of company

Mailing address

City/town

State

Zip code

5. Stage II System Executive Order#: «CARB\_NumCode», «CARB\_SysClass»,  
«CARB\_SysType»

6. DEP records show your facility to dispense \_\_\_\_\_ gallons of gasoline annually.

If this is **INCORRECT**, please check the box below identifying the correct amount of gasoline dispensed at your facility (gallons/annually):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,000,000

☐ 1,000,001 to 2,000,000

☐ Greater than 2,000,001

7. How many gasoline storage tanks are associated with this Stage II system?

☐ One

☐ Two or more

8. Is the pre-completed Stage II system documentation contained in A.1. – 5. correct?

☐ Yes

☐ No

If no, please print the correct information to the right on the same line or check the correct box.



## Stage II Form D1

Alternative Annual In-Use Compliance Certification  
(No In-Use Compliance Testing Required)

### B. In-Use Compliance Certification Submittal Requirements

For this Form to be submitted on time, the envelope used to mail it to DEP must be postmark-dated on or before «TestDueDate» **AND** all compliance tests must be performed and passed within the 30 days prior to the postmarked date on the envelope.

### C. Stage II Facility Compliance Certification

To be completed by the Stage II System Responsible Official(s) only.

#### 1. Stage II System Operation

- a. Have you operated and maintained the Stage II system in accordance with the system's applicable Executive Order?
- ☐ Yes ☐ No (if no, see C.4 below)
- Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
- b. Have you visually inspected the Stage II system on a weekly basis?
- ☐ Yes ☐ No (if no, see C.4 below)
- Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
- c. Are the persons conducting weekly visual inspections trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?
- ☐ Yes ☐ No (if no, see C.4 below)
- Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

#### 2. Stage II System Maintenance

- a. As a result of weekly visual inspections, did you find any Stage II system components incorrectly installed, non-functioning or broken (broken)?
- ☐ Yes ☐ No
- If **YES**, did you:
- immediately repair the broken Stage II component; **or**, if the component could not be immediately repaired
  - immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; **or**, if the component could not be repaired within 14 days
  - immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; **or**, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
  - immediately stop **all** dispensing of gasoline at the facility and post "Out of Service" signs on **all** gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.
- ☐ Yes ☐ No (if no, see C.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2





## Stage II Form D1

### Alternative Annual In-Use Compliance Certification (No In-Use Compliance Testing Required)

#### 3. Stage II System Record Keeping

Are the following records maintained on-site, in a centralized location:

- All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
- A copy of the Stage II system's currently applicable DEP Stage II In-Use Compliance Certification.
- Record of all persons trained to perform weekly inspections of the Stage II System.

☐ Yes

☐ No (if no, see C.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

#### 4. Compliance Status and Actions to Ensure Future Compliance

For each question you answered "No" in C.1, 2 or 3 above, please explain:

- why you answered the question "No";
- the action(s) you took to correct the problem and date completed; and
- the action(s) you took to avoid the problem in the future.

Please print. If more space is needed, please use additional pages as necessary.

I certify that (a) I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; (b) systems to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, (c) I am fully authorized to make this attestation on behalf of the facility.

Printed name of Stage II System Responsible  
Official #1

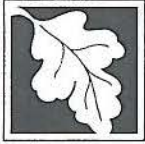
Signature of Stage II System Responsible  
Official #1

Date

Printed name of Stage II System Responsible  
Official #2

Signature of Stage II System Responsible  
Official #2

Date



## Stage II Form D2

Annual In-Use Compliance Certification  
(In-Use Compliance Testing Required)

### A. Stage II System Documentation

1. Stage II System Location

«RO\_Name» \_\_\_\_\_

Name of facility where the Stage II System is installed

«RO\_Street» \_\_\_\_\_

Facility address

«RO\_Town» \_\_\_\_\_

City/town

MA \_\_\_\_\_

State

«RO\_ZIP» \_\_\_\_\_

Zip code

2. Stage II System Responsible Official #1 (point of contact for Stage II correspondence)

«RO\_MailCnt» \_\_\_\_\_

Name of Stage II System Responsible Official

«RO\_Phn» \_\_\_\_\_

Telephone number

«RO\_MailAddr» \_\_\_\_\_

Mailing address

«RO\_MailCity» \_\_\_\_\_

City/town

«RO\_MailState» \_\_\_\_\_

«RO\_MailZIP» \_\_\_\_\_

Zip code

3. Stage II System Responsible Official #2 (fill out only if applicable)

«DspOfficial2Cnt» \_\_\_\_\_

Name of Stage II System Responsible Official

«DspOfficial2Phone» \_\_\_\_\_

«DspOfficial2Addr» \_\_\_\_\_

Mailing address

«DspOfficial2City» \_\_\_\_\_

City/town

«DspOfficial2Sta  
te» \_\_\_\_\_

«DspOfficial2ZIP» \_\_\_\_\_

4. Stage II Annual Compliance Fee Billing Address:

\_\_\_\_\_

Name of person to whom annual compliance fee is billed

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Name of company

\_\_\_\_\_

Mailing address

\_\_\_\_\_

City/town

\_\_\_\_\_

State

\_\_\_\_\_

Zip code

5. Stage II System Executive Order#: «CARB\_NumCode», «CARB\_SysClass»,  
«CARB\_SysType»

6. DEP records show your facility to dispense \_\_\_\_\_ gallons of gasoline annually.

If this is **INCORRECT**, please check the box below identifying the correct amount of gasoline dispensed at your facility (gallons/annually):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,000,000

☐ 1,000,001 to 2,000,000

☐ Greater than 2,000,001

7. How many gasoline storage tanks are associated with this Stage II system?

☐ One

☐ Two or more

8. Is the pre-completed Stage II system documentation contained in A.1. – 5. correct?

☐ Yes

☐ No

If no, please print the correct information to the right on the same line or check the correct box.





## Stage II Form D2

Annual In-Use Compliance Certification  
(In-Use Compliance Testing Required)

### B. In-Use Compliance Testing and Submittal Requirements

1. In-Use Compliance Tests Required to be Performed and Passed.

«TestsRequired»

2. Testing and Submittal Dates

For this Form to be submitted on time, the envelope used to mail it to DEP must be postmark-dated on or before «TestDueDate» **AND** all compliance tests must be performed and passed within the 30 days prior to the postmarked date on the envelope.

### C. Compliance Testing Company Certification

To be completed by the Compliance Testing Company only

1. \_\_\_\_\_  
Name of Compliance Testing Company (please print)
2. DEP Stage II Compliance Testing Company ID#: \_\_\_\_\_
3. Prior to performing required compliance tests, did you confirm that all above ground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?  
☐ Yes ☐ No
4. Did you perform each compliance test in accordance with the applicable test procedure?  
☐ Yes ☐ No
5. For each required compliance test, provide the:

	Date Test First Performed	Result of First Test (Pass/Fail)	Date Test Performed and Passed
a. Pressure Decay test	_____	_____	_____
b. Vapor Tie test	_____	_____	_____
c. P/V Relief Vent test	_____	_____	_____
d. Dynamic Back Pressure/ Liquid Blockage test	_____	_____	_____
e. Air/Liquid Volume Ratio test	_____	_____	_____
f. Healy Fill-neck Pressure test	_____	_____	_____
g. Healy Vapor Return Line test	_____	_____	_____

6. Were any compliance tests cited in 5. above performed and passed with one or more components isolated from the remainder of the Stage II system?

☐ Yes ☐ No

If yes, please identify the test and isolated component(s): \_\_\_\_\_

I certify that, (a) I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments pertaining to Section C., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and (b) I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed Name Of Compliance Testing Company  
Responsible Official

Signature of Compliance Testing Company  
Responsible Official

Date



## Stage II Form D2

Annual In-Use Compliance Certification  
(In-Use Compliance Testing Required)

### D. Stage II Facility Compliance Certification

To be completed by the Stage II System Responsible Official(s) only.

#### 1. Stage II System Operation

- a. Have you operated and maintained the Stage II system in accordance with the system's applicable Executive Order?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

- b. Have you visually inspected the Stage II system on a weekly basis?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

- c. Are the persons conducting weekly visual inspections trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

#### 2. Stage II System Maintenance

- a. As a result of weekly visual inspections, did you find any Stage II system components incorrectly installed, non-functioning or broken (broken)?

☐ Yes

☐ No

If **YES**, did you:

- i. immediately repair the broken Stage II component; **or**, if the component could not be immediately repaired
- ii. immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; **or**, if the component could not be repaired within 14 days
- iii. immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; **or**, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
- iv. immediately stop **all** dispensing of gasoline at the facility and post "Out of Service" signs on **all** gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2





## Stage II Form D2

### Annual In-Use Compliance Certification (In-Use Compliance Testing Required)

#### 2. Stage II System Maintenance (cont.)

b. Was one or more Annual In-Use Compliance test failed on the first try?

☐ Yes

☐ No

If **YES**, please check the appropriate box below identifying your response to the failed test(s), repairs made, and date repairs completed in order for the Stage II System to pass the failed test(s).

Failed Test	Response To Failed Test (pick one, see details below)				Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s). (If additional space is needed, use D.4.)
	(1)	(2)	(3)	(4)	
i. Pressure Decay test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Vapor Tie test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. P/V Relief Vent test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Dynamic Back Pressure/ Liquid Blockage test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Air/Liquid Volume Ratio test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Healy Fill-neck Pressure test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Healy Vapor Return Line test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- (1) immediately repaired the incorrectly installed, non-functioning or broken (broken) Stage II component; or, if the component could not be immediately repaired
- (2) immediately stopped dispensing gasoline through the broken component, posted "Out of Service" signs on it, and repaired it within 14 days; or, if the component could not be repaired within 14 days
- (3) immediately isolated the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and posted "Out of Service" signs on the broken component until repaired; or, if the stage II system could not be isolated from the broken component so that the Stage II system is correctly operating
- (4) immediately stopped all dispensing of gasoline at the facility and posted "Out of Service" signs on all gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2

#### 3. Stage II System Record Keeping

Are the following records maintained on-site, in a centralized location:

- a. All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- b. A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
- c. A copy of the Stage II system's currently applicable DEP Stage II In-Use Compliance Certification.
- d. Record of all persons trained to perform weekly inspections of the Stage II System.

☐ Yes

☐ No (if no, see D.4 below)

Stage II System Responsible Official attesting to compliance status

☐ #1

☐ #2



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

## Stage II Form E

New Stage II System Owner, Operator, Lessee or  
Controller Notification

### B. Revised Stage II System Documentation (cont.)

3. Source of Authority for each Stage II System Responsible Official (RO), as applicable. **Please check only one box for each RO.**

If a Corporation, an official with authority to bind the Corporation:

	RO #1	RO #2		RO #1	RO #2
President	<input type="checkbox"/>	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	Other person who performs a similar policy-		
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	making or decision-making function of the		
			Corporation	<input type="checkbox"/>	<input type="checkbox"/>

If a Partnership, a general partner

☐ ☐

If a Sole Proprietorship, the proprietor

☐ ☐

If a municipality/public agency, a principal executive official  
or ranking elected official with authority to enter into contracts  
on behalf of municipality/public agency.

☐ ☐

**Important: Please provide the effective date each new  
Responsible Official assumed his/her responsibilities, as  
applicable.**

RO #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RO #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Stage II Annual Compliance Fee Billing Address

Has the person, name of the company or the address on record in  
the Department's Stage II database as paying the Stage II Annual  
Compliance Fee, changed?

☐ Yes

☐ No

If yes, please complete the information below. If no, continue to Section C.

Stage II Annual Compliance Fee Billing Address:

Name of person to whom compliance fee shall be billed (please print)

Telephone Number

Name of new company

Federal Employer ID # - FEIN

Mailing address

City/town

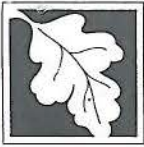
State

Zip code

**Important: Please provide the effective date the new company  
assumed responsibility for paying the Stage II Annual Compliance  
Fee.**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_





Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

## Stage II Form E

New Stage II System Owner, Operator, Lessee or  
Controller Notification

Section C is to  
be completed by  
**New** Stage II  
System  
Responsible  
Official(s) only.

### C. Stage II Facility Compliance Certification

#### Facility Operation, Maintenance and Record Keeping

1. Have you obtained and reviewed a copy of your Stage II system's Executive Order and DEP's Stage II Facility Training Manual to ensure correct operation and maintenance of your Stage II system?  
☐ Yes ☐ No (If "No", see Directions For Completing Form E, Section C.)  
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
2. Are the persons conducting required weekly visual inspections of the Stage II System trained to operate and maintain the Stage II system in accordance with the system's applicable Executive Order?  
☐ Yes ☐ No  
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
3. In response to incorrectly installed, non-functioning or broken (broken) Stage II components identified as a result of a weekly visual inspection or failed Stage II Compliance Test, are you in compliance with the requirements to:
  - i. immediately repair the broken Stage II component; or, if the component can not be immediately repaired
  - ii. immediately stop dispensing gasoline through the broken component, post "Out of Service" signs on it, and repaired it within 14 days; or, if the component can not be repaired within 14 days
  - iii. immediately isolate the broken component from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken component until repaired; or, if the stage II system can not be isolated from the broken component so that the Stage II system is correctly operating
  - iv. immediately stop all dispensing of gasoline at the facility and post "Out of Service" signs on all gasoline dispensers until the component is repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.☐ Yes ☐ No  
Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2
4. Are you in compliance with the requirements to maintain the following records on-site, in a centralized location:
  - i. All weekly inspection checklists for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
  - ii. A copy of Compliance Testing Company test results for all Stage II Compliance tests performed during the prior twelve-month period.
  - iii. A copy of the Stage II system's currently applicable DEP Stage II In-Use Compliance Certification.
  - iv. Record of all persons trained to perform weekly inspections of the Stage II System.☐ Yes ☐ No



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

## Stage II Form E

### New Stage II System Owner, Operator, Lessee or Controller Notification

I certify that, where I have indicated that I am the Stage II System Responsible Official, (a) I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; (b) systems<sup>1</sup> to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, (c) I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage II System Responsible Official #1

Signature of Stage II System Responsible Official #1

Date

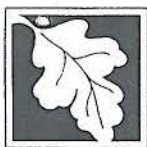
Printed Name of Stage II System Responsible Official #2

Signature of Stage II System Responsible Official #2

Date

<sup>1</sup> For purposes of this statement, "systems to maintain compliance" means procedures that the Stage II facility owner and/ or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.





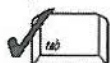
Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

# Stage II Form F

## Stage II System Closure Notification

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Stage II System Documentation

1. Stage II Facility Name (please print):

Name of facility where Stage II system installed

Facility address

City/town

State

Zip code

Department Customer Code #

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence):

Name of Stage II System Responsible Official #1 (please print)

Telephone number

Mailing address

City/town

State

Zip code

3. Stage II System Responsible Official #2 (fill out only if applicable):

Name of Stage II System Responsible Official #1 (please print)

Telephone number

Mailing address

City/town

State

Zip code

4. Stage II System Taken Out of Use Status

i. Is the Stage II system permanently out of service?

☐ Yes

☐ No

ii. Is the Stage II system temporarily out of service?

☐ Yes

☐ No

5. Is a fully completed and signed FP-290 Form, issued by the local Fire Department, documenting the subject Stage II system is permanently or temporarily out of service attached to this Notification?

☐ Yes

☐ No

**Please note.** For Stage II compliance purposes, the effective date a Stage II system is permanently or temporarily taken out of service is the date referenced in the required FP-290 Form.

Stage II System Responsible Official attesting to Stage II system  
Out of Service status

☐ #1

☐ #2

### B. Future Property Use

1. Will the property referenced in this Notification be used for another business or commercial operations (for example, auto repair, carwash, convenience store, etc.)?

☐ Yes

☐ No

If yes, please identify: \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Stage II Vapor Recovery Program

## Stage II Form F

### Stage II System Closure Notification

2. If you answered Yes to Question B.1., has the referenced property been sold or leased to a new property owner/operator?

☐ Yes

☐ No

If Yes, please provide the following new property owner/operator information:

Name of New Property Owner/Operator (please print)

Telephone number

Address

City/town

State

Zip code

3. What is the effective date the new property owner/operator took control of the referenced property?

/ /

### C. Compliance Certification

I certify that, where I have indicated that I am the Stage II System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of the facility.

Printed name of Stage II System Responsible Official #1

Signature of Stage II System Responsible Official #1

Date

Printed name of Stage II System Responsible Official #2

Signature of Stage II System Responsible Official #2

Date



**Executive Order 384**  
**Small Business Impact Statement**

Overview Data		
Agency	Department of Environmental Protection	
Secretariat	Executive Office of Energy and Environmental Affairs	
CMR Number	310 CMR 7.24(6)	
Regulation Title	Dispensing Motor Vehicle Fuel	
Small Business Impact Statement		✓
		Yes
		No
Will the requirements of this regulation be readily accessible and useable by small businesses?		X
Does this regulation eliminate any unnecessary or duplicative costs, filing requirements, paperwork burdens, or other administrative requirements that may have a negative impact on small businesses?		X
Does this regulation provide cross-references to related regulations and other relevant legal requirements?		X
Please provide a description of the projected reporting, record keeping and other requirements that small businesses will need to comply with as a result of the proposed regulation.  Businesses that dispense motor vehicle fuel (gasoline) are required to install Stage II vapor recovery systems, have them tested annually and certify that their Stage II system is in compliance. The business is also required to conduct weekly visual inspections of the vapor recovery system and maintain records.  The proposed changes to the Stage II regulations will clarify applicable compliance testing requirements for Stage II system repairs, resulting in elimination of unnecessary compliance testing and associated costs when repairs are made to the system. The proposed amendments will also eliminate the 120-Day compliance testing and certification requirement lowering facility compliance costs.		
Will this regulatory action increase or decrease the costs of small businesses seeking to comply with the affected regulatory scheme? If yes, to what extent?  The proposed amendments will decrease costs to small business where Stage II vapor recovery systems are installed in two ways:  1. New definitions regarding "modifications" to Stage II systems, related requirements for testing, record keeping and certification will result in lower compliance cost for all facilities.  2. Elimination of the Vacuum Assist 120-Day in-use compliance testing and certification requirement will provide applicable facilities to save \$500-\$700 in compliance testing and certification expenses.  The proposed amendments will increase compliance cost for certain Balance type Stage II systems which will be required to have installed pressure vacuum (P/V) caps on all fuel storage tank vent lines. The approximate cost of a P/V cap is \$85. The average cost of compliance testing P/V caps is \$50.		
Are small businesses likely to bear greater costs <i>relative to other businesses</i> in complying with the regulatory action? If yes, to what extent?		X
Are there alternative methods for accomplishing the objectives of the regulatory action that might be less burdensome to small businesses? If yes, why were such alternatives not pursued?		X
Is it possible to establish less stringent requirements for small businesses, or to exempt small businesses from all or any part of the requirements?		X
Is this regulatory action mandated by statute, federal policy or some other authority? If yes, specify which.  The Stage II Program is required under the Clean Air Act and is included in Massachusetts Ozone State Implementation Plan (SIP) for attaining and maintaining compliance with the ozone National Ambient Air Quality Standard.		X
Does this regulation specify design standards or performance standards? If so, please explain the appropriateness and describe any costs savings associated with using one type of standard instead of the other.		X

