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



Stage II Form A

Installation/Substantial Modification Certification

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 Stage II System Location (please print):			
	Name of facility where the Stage II System is installed	Telephone	number	
	Facility address			
	City/town	Zip code		
•	Stage II System Responsible Official #1 (point of contact for Stage II relate	d corresp	ondence)):
	Name of Stage II System Responsible Official (please print)	Telephone	number	
	Mailing address		i ke-Arise eta ili.	
	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	· · · · · · · · · · · · · · · · · · ·		-(3)
	City/town State	Zip code		14112411411111
l .	Source of Authority for each Stage II System Responsible Official (RO), as only one box for each RO.	applicabl	e. Pleas	e check
	If a Corporation, an official with authority to bind the Corporation:			
	RO #1 RO #2		RO #1	RO #2
	President	200	Ц	
	Secretary Other person who performs a similar	50		
	Treasurer	of the		
	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.			
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 Er	mployer ID#	# - FEIN
	Facility address		Car.	
	City/town State	Zip code		



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?				
		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?				
		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		Compliance Testing Company Certification				
Testing Company only.	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 S components are installed and are the correct components in accordance with the syst 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. Co	ompliance Te	sting Compa	ny Certification (cont.)	pris A						
	7. Dat	te each required ins	tallation compliance	test was performed and passed	178-2						
		a. Pressure Decay test									
		b. Vapor Tie test		Control of the constitution of the							
		c. P/V Relief Vent	test								
		d. Dynamic Back F	Pressure/Liquid Bloo	kage test	Tit.						
		e. Air/Liquid Volum	ne Ratio Test	all tests as a ment and an a con-							
		f. Healy Fillneck Pr	ressure test	A set of the control of the control of							
		g. Healy Vapor Re	turn Line test	and and the state of the state							
	Printed r	name of Compliance Tes	ting Co. Responsible	Signature of Compliance Testing Co. Responsible Official	Date						
ection C is to	C 64	tara II Facilita	Campliana	Cardification	2 980 S						
e completed by	C. Stage II Facility Compliance Certification Facility Operation, Maintenance and Record Keeping										
tage II System											
tage II System esponsible		Operation, Mainter Have you obtained Stage II Facility Tr	nance and Record k								
tage II System esponsible	Facility	Operation, Mainter	nance and Record k d and reviewed a co raining Manual to er	ceeping py of your Stage II system's Exe	tenance of your Sta	ige II					
tage II System esponsible	Facility	Operation, Mainter Have you obtained Stage II Facility Tr system? Yes	nance and Record ked and reviewed a coraining Manual to er	Geeping py of your Stage II system's Exe sure correct operation and main	tenance of your Sta	ige II					
tage II System esponsible	Facility	Operation, Mainter Have you obtained Stage II Facility Tr system? Yes Stage II System R Are the persons of	nance and Record ket and reviewed a coraining Manual to er	Geeping py of your Stage II system's Exelute sure correct operation and mainly see Directions For Completing	tenance of your Sta Form E, Section C. #1 Stage II System train	ige II .) #2 ned to					
e completed by tage II System esponsible ifficial(s) only.	Facility 1.	Operation, Mainter Have you obtained Stage II Facility Tr system? Yes Stage II System R Are the persons of operate and mainter	nance and Record ket and reviewed a coraining Manual to er	Geeping py of your Stage II system's Exe sure correct operation and maint ", see Directions For Completing attesting to compliance status weekly visual inspections of the S	tenance of your Sta Form E, Section C. #1 Stage II System train	ige II .) #2 ned to					



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:
 - i. immediately repair the broken Stage II component; <u>or</u>, 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; <u>or</u>, 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

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.
 - iv. Record of all persons trained to perform weekly inspections of the Stage II System.

I certify that, where I have indicated that I am the Stage II System Responsible Official, (a) I have personall	
examined the foregoing and am familiar with the information contained in this document and all attachment	S
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 ¹ to maintain compliant are in place at the facility and will be maintained for the coming year even if the processes or operating	е
procedures are changed over the course of the year; and, (c) I am fully authorized to make this attestation	on
behalf of the facility.	

benan 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

S2 Form A Summer 2007 Page 4 of 4

¹ 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.



Customer Code#: «FacAccount»

Stage II Form C

Annual In-Use Compliance Certification

	Stage II System Docum	lentation						
1.	Stage II System Location							
	«RO_Name»							
	Name of facility where the Stage II System	is installed						
	«RO_Street»		Sec.					
	Facility address	22.4		DO 71D				
	«RO_Town» City/town	MA State		«RO_ZIP» Zip code				
2.	Stage II System Responsible Offic		e II corresp					
-								
	«RO_MailCnt» Name of Stage II System Responsible Office	rial		«RO_Phn» Telephone number				
	«RO MailAddr»			relephone namber				
	Mailing address			Para William Cont				
	«RO_MailCity»	«RO_MailSt	ate»	«RO_MailZIP»				
	City/town		WI WI	Zip code				
3.	Stage II System Responsible Offic	ial #2 (fill out only if applicable)						
	«DspOfficial2Cnt»	«DspOfficial2Phone»						
	Name of Stage II System Responsible Office							
	«DspOfficial2Addr»							
	Mailing address							
	«DspOfficial2City»	«DspOffi	cial2Sta	«DspOfficial2ZIP»				
	City/town	te»						
		PARTIES - PARTIE						
4.	Stage II Annual Compliance Fee E	Billing Address:		Tolophone Number				
4.	Stage II Annual Compliance Fee E	Billing Address:		Telephone Number				
4.	and the model at once a more learners of	Billing Address:	100 I	Telephone Number				
4.	Name of person to whom annual compliance	Billing Address:		Telephone Number				
4.	Name of person to whom annual compliance Name of company	Billing Address:		Zip code				
 4. 5. 	Name of person to whom annual compliand Name of company Mailing address	State	3_SysClas	Zip code				
	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order#	State «CARB_NumCode», «CARE «CARB_SysType»		Zip code				
5.	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order#	Silling Address: Ce fee is billed State «CARB_NumCode», «CARE «CARB_SysType» dispense ck the box below identifying the	gallo	Zip code s», ons of gasoline annually.				
5.	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order# DEP records show your facility to coll this is INCORRECT, please cheen	Silling Address: Ce fee is billed State «CARB_NumCode», «CARE «CARB_SysType» dispense ck the box below identifying the	gallo	Zip code s», ons of gasoline annually.				
5.	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order# DEP records show your facility to compliance If this is INCORRECT, please cheen dispensed at your facility (gallons/st	State «CARB_NumCode», «CARB «CARB_SysType» dispense ck the box below identifying the annually):	gallo	Zip code s», ons of gasoline annually. nount of gasoline				
5.	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order# DEP records show your facility to of If this is INCORRECT, please cheed dispensed at your facility (gallons/state) Less than 120,000	State "CARB_NumCode», "CARE "CARB_SysType» dispense ck the box below identifying the annually): 120,000 to 240,000 1,000,001 to 2,000,000	gallo	Zip code s», ons of gasoline annually. nount of gasoline ,001 to 500,000 ater than 2,000,001				
5. 6.	Name of person to whom annual compliance Name of company Mailing address City/town Stage II System Executive Order# DEP records show your facility to compliance If this is INCORRECT, please cheed dispensed at your facility (gallons/stage) Less than 120,000 500,001 to 1,000,000 How many gasoline storage tanks	State "CARB_NumCode», "CARE "CARB_SysType» dispense ck the box below identifying the annually): 120,000 to 240,000 1,000,001 to 2,000,000 are associated with	gallo correct am 240 Gre	Zip code s», ons of gasoline annually. nount of gasoline ,001 to 500,000 ater than 2,000,001				



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Stage II Form C

Annual In-Use Compliance Certification

B. In-Use Compliance Testing and Submittal Requirement	В.	In-Use	Compliance	Testing	and	Submittal	Requirements
--------------------------------------------------------	----	--------	------------	---------	-----	-----------	--------------

- 1. In-Use Compliance Tests Required to be Performed and Passed. «TestsRequired»
- Testing and Submittal Dates

		D all compliance tests		mail it to DEP must be ped and passed within the	ostmark-dated on or before 30 days prior to the
C.		Testing Composition Testing Composition Testing Compliance Testing Compliance Testing Composition Testing			8
1.					
	Name of Compliance	e Testing Company (pl	lease print)	nagil metro i gare	
2.	DEP Stage II Compl	liance Testing Compan	ny ID#:	etal salemag ari ari	
3.				m that all above ground S with the system's applica	Stage II system components ble Executive Order?
	☐ Yes	☐ No			
4.	Did you perform each	ch compliance test in a	ccordance with the	e applicable test procedu	re?
	☐ Yes	☐ No			
5.	For each required co	ompliance test, provide	the:		
			ate Test First Performed	Result of First Test (Pass/Fail)	Date Test Performed and Passed
	a. Pressure Decay to	est _		-	
	b. Vapor Tie test	ia.	621	9 7 - 11 - 11 -	
	c. P/V Relief Vent te	est _		1 mg - 1 3 6 1	
	d. Dynamic Back Pro Liquid Blockage to		name of 117 was	y years manners	-21 -21
	e. Air/Liquid Volume	Ratio test _			_8
	f. Healy Fill-neck Pro	essure test _		KZ VIENEOS INS	
	g. Healy Vapor Retu	ırn Line test			
6.	Were any compliand the remainder of the		ve performed and	passed with one or more	components isolated from
	Yes	□No			
	If yes, please identif	y the test and isolated	component(s):	major in the second	
C. a	and all attachments poonsible for obtaining there are significant	ertaining to Section C., the information, I belie penalties for submitting	, and that based of eve that the inform g false information	n my inquiry of those ind nation is true, accurate ar	d complete. I am aware and imprisonment; and (b)
	ited Name Of Complia	nce Testing Company	Signature of Responsib	of Compliance Testing Colle	mpany Date



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

Customer Code#: «FacAccount»

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.

Sta	age II S	system Opera	ation			
a.				the Stage II system in accordanc	e with the syste	m's
	☐ Ye	es	☐ No (if no	, see D.4 below)		
	Stage	II System Re	sponsible Officia	I attesting to compliance status	# 1	#2
b.	Have	you visually ir	nspected the Stag	ge II system on a weekly basis?		
	☐ Ye	es	☐ No (if no	o, see D.4 below)		
	Stage	II System Re	sponsible Officia	I attesting to compliance status	# 1	#2
C.						n the Stage l
	☐ Ye	es	☐ No (if no	o, see D.4 below)		
	Stage	II System Re	sponsible Officia	I attesting to compliance status	# 1	# 2
Sta	age II S	System Maint	enance			
a.					tem component	s incorrectly
	☐ Ye	es	☐ No			
	If YES	<u>S</u> , did you:				
	i.			n Stage II component; <u>or</u> , if the c	omponent could	d not be
	ii.	Service" sig	ns on it, and repa			
	III.	that the Stag broken com	ge II system is co ponent until repai	rrectly operating and post "Out o ired; <u>or</u> , if the stage II system cou	f Service" signs uld not be isolat	on the
	plicable tests pe	erformed and				
	☐ Ye	es	☐ No (if no	, see D.4 below)		
	a. b.	a. Have applice Stage b. Have Stage c. Are the system Stage Stage II S a. As a minstall Similar Simila	a. Have you operated applicable Executive Yes Stage II System Res b. Have you visually in Yes Stage II System Res c. Are the persons consystem in accordant Yes Stage II System Maint a. As a result of week installed, non-function Yes If YES, did you: i. immediately immediately immediately immediately immediately that the Stage broken combroken applicable in immediately on all gasoli passed, and	applicable Executive Order? Yes No (if no Stage II System Responsible Officials). Have you visually inspected the State Yes No (if no Stage II System Responsible Officials. C. Are the persons conducting weekly system in accordance with the system Yes No (if no Stage II System Responsible Officials). Stage II System Responsible Officials. Stage II System Maintenance a. As a result of weekly visual inspection installed, non-functioning or broken Yes No If YES, did you: i. immediately repair the broken immediately repaired ii. immediately stop dispensing Service" signs on it, and repaired within 14 days iii. immediately isolate the broken that the Stage II system is conbroken component until repaired broken component so that the iv. immediately stop all dispension all gasoline dispensers ur passed, and a fully complete Department as required.	a. Have you operated and maintained the Stage II system in accordance applicable Executive Order? Yes No (if no, see D.4 below) Stage II System Responsible Official attesting to compliance status 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 c. Are the persons conducting weekly visual inspections trained to oper 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 Stage II System Maintenance a. As a result of weekly visual inspections, did you find any Stage II systinstalled, non-functioning or broken (broken)? Yes No If YES, did you: i. immediately repair the broken Stage II component; or, if the commediately repaired ii. immediately stop dispensing gasoline through the broken component within 14 days iii. immediately isolate the broken component from the remainde that the Stage II system is correctly operating and post "Out of broken component until repaired; or, if the stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken component so that the Stage II system is correctly operating and post "Out of broken c	a. Have you operated and maintained the Stage II system in accordance with the syste applicable Executive Order? Yes No (if no, see D.4 below) Stage II System Responsible Official attesting to compliance status #1 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 c. Are the persons conducting weekly visual inspections trained to operate and maintai 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 Stage II System Maintenance a. As a result of weekly visual inspections, did you find any Stage II system component 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 immediately repaired ii. immediately stop dispensing gasoline through the broken component, post "C Service" signs on it, and repaired it within 14 days; or, if the component could repaired within 14 days iii. immediately isolate the broken component from the remainder of the Stage II that the Stage II system is correctly operating and post "Out of Service" signs broken component until repaired; or, if the stage II system could not be isolat 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" on all gasoline dispensers until the component is repaired, applicable tests p passed, and a fully completed Annual In-Use Compliance Certification submit Department as required.

Stage II System Responsible Official attesting to compliance status

#2

#1



Customer Code#:
«FacAccount»

Stage II Form C

Annual In-Use Compliance Certification

2.	Sta	age II Sys	tem Maintenance	(cont.	.)			to the same of the
	b.	Was one	or more Annual Ir	n-Use (Compli	ance te	st failed	d on the first try?
		☐ Yes] No				tracerna placers
								ying your response to the failed test(s), 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
				(1)	(2)	(3)	(4)	To Pass Failed Test(s). (If additional space is needed, use D.4.)
		i. Pressur	e Decay test					2000
		ii. Vapor	Γie test					
		iii. P/V Re	elief Vent test					
			ic Back Pressure/ Blockage test					
		v. Air/Liqu test	id Volume Ratio					
		vi. Healy test	Fill-neck Pressure					
		vii. Healy test	Vapor Return Line					
								non-functioning or broken (broken) Stage I immediately repaired
		102		it, and				ugh the broken component, posted "Out of lays; <u>or</u> , if the component could not be
		20076	that the Stage II sy broken componen	ystem i t until r	s corre epaired	ctly oped; or, if	erating a the stag	om the remainder of the Stage II system so and posted "Out of Service" signs on the ge II system could not be isolated from the is correctly operating
			signs on <u>all</u> gasoli performed and pas	ne disp ssed, a	ensers	until th	ne comp pleted /	e at the facility and posted "Out of Service' ponent is repaired, applicable tests Annual In-Use Compliance Certification
	C+		submitted to the D			-		ce status
		Me at All Care	em Responsible C		allesiii	ig to co	прпапс	Ce status
3.		5764 (372)	tem Record Keep	6 660		•		Liver and the second
			wing records maint					
	a.							riod identifying incorrectly installed, non- e Stage II system, and the date of repair.
	b.		Compliance Testing e-month period.	Compa	ny test	results f	for all Sta	age II Compliance tests performed during the
	C.	A copy of	the Stage II system's	s currer	itly appl	icable D	EP Stag	ge II In-Use Compliance Certification.
	d.	Record of	all persons trained t	o perfor	m weel	dy inspe	ections of	of the Stage II System.
		☐ Yes		No (if	no, se	e D.4 b	elow)	
	Sta	age II Sys	em Responsible C	Official	attestin	g to co	mpliand	ce status #1 #2



Customer Code#: «FacAccount»

Stage II Form C

Annual In-Use Compliance Certification

Co	mpliance Status ar	nd Actions to Ensure	Future C	ompliance			
For each question you answered "No" in D.1, 2 or 3 above, please explain: a. why you answered the question "No"; b. the action(s) you took to correct the problem and the date completed; and c. the action(s) you took to avoid the problem in the future.							
Ple	ease print. If more sp	ace is needed, pleas	e use addit	ional pages as necessary.			
_							
-			· · · · · · · · · · · · · · · · · · ·	BU TON LOWER			
		SWAIL STATE		perfect Security (0)		
_	200			La - AV MONTA I - I			
SE			- 100 - 100	Least agreed to 100 transport	Section 1		
		T ET					
ă.							
		to the trees in the		IACA YANGARAN IS 30 Tamoj nzo			
22 1962	the sector of the		North Co.	choor principents			
*					3.00		
-	No feet of Bosons () and	collinge viteri		to A report for the time			
1		rate or I month to			11185		
do obt sig ma or	cument and all attact taining the information nificant penalties for intain compliance ar	hments and that, base on, I believe that the in submitting false infor te in place at the facilits are changed over the	ed on my in nformation mation, inc ty and will	ng and am familiar with the information conquiry of those individuals immediately resistrue, accurate and complete. I am awailuding possible fines and imprisonment; (be maintained for the coming year even if the year; and, (c) I am fully authorized to	sponsible for re that there ar (b) systems to f the processes		
	nted name of Stage II icial #1	System Responsible		nature of Stage II System Responsible	Date		
	nted name of Stage II	System Responsible		nature of Stage II System Responsible	Date		



«FacAccount»

Stage II Form D1

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

A.	Stage	IIS	ystem	Documer	ntation
7.	Stage	11 0	yatem	Documen	itation

	1.	Stage II System Location			
		«RO Name»			
		Name of facility where the Stage II System	s installed	_	Hart Hart Hart Hart Hart Hart Hart Hart
		«RO Street»			
		Facility address			
		«RO Town»	MA		«RO ZIP»
		City/town	State		Zip code
	2.	Stage II System Responsible Offici	al #1 (point of contact for Stag	ge II corresp	ondence)
		«RO MailCnt»			«RO Phn»
	6	Name of Stage II System Responsible Offic	ial		Telephone number
		«RO_MailAddr»			
		Mailing address	A Digital Control of Control of Manager	No Control	
		«RO_MailCity»	«RO MailS	itate»	«RO MailZIP»
		City/town			Zip code
	3.	Stage II System Responsible Offici	al #2 (fill out only if applicable)	
		«DspOfficial2Cnt»			«DspOfficial2Phone»
		Name of Stage II System Responsible Offic	ial	Sec. Y	S
		«DspOfficial2Addr»			
		Mailing address			
		«DspOfficial2City»	«DspOf	ficial2Sta	«DspOfficial2ZIP»
		City/town	te»		
	4.	Stage II Annual Compliance Fee B	illing Address:	to sile-	
		Name of person to whom annual compliance	e fee is billed	1:15	Telephone Number
		Name of company			
		Mailing address		III III	
		01.1	0		-
		City/town	State		Zip code
	5.	Stage II System Executive Order#:	«CARB_NumCode», «CAR «CARB_SysType»	B_SysClas	s»,
	6.	DEP records show your facility to d	ispense	gallo	ons of gasoline annually.
T 7 T		If this is <u>INCORRECT</u> , please checdispensed at your facility (gallons/a		e correct an	nount of gasoline
		☐ 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	☐ Gre	ater than 2,000,001
	7.	How many gasoline storage tanks this Stage II system?	are associated with	☐ One	e ☐ Two or more
	8.	Is the pre-completed Stage II syste	m documentation contained in	n	
		A.1. – 5. correct?		☐ Yes	□ No
		If no, please print the correct inform	nation to the right on the same	e line or che	ck the correct box.



Customer Code#: «FacAccount»

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.						ertificatio ponsible Offici			
1.	St	age II Sy	ystem Oper	ation	71 T. S.				
9.10	a.		ou operated able Executiv		ained the S	tage II system	in accordance	with the syste	m's
		☐ Yes	3	□ N	o (if no, see	C.4 below)			
		Stage	II System Re	esponsible	Official atte	sting to compl	iance status	# 1	#2
	b.	Have y	ou visually i	nspected ti	he Stage II s	system on a w	eekly basis?		
		☐ Yes	S	□ N	o (if no, see	C.4 below)			
		Stage	II System Re	esponsible	Official atte	sting to compl	liance status	# 1	#2
	C.						rained to opera cutive Order?	te and maintai	n the Stage II
		☐ Yes	S	□ N	o (if no, see	C.4 below)			
		Stage	II System Re	esponsible	Official atte	sting to compl	liance status	# 1	☐ #2
2.	St	age II S	ystem Main	tenance				gril .	
	a.		esult of week				y Stage II syste	em component	s incorrectly
		☐ Yes	S	□ N	0				
		If YES	, did you:						
		i.	immediate immediate		e broken Sta	age II compon	ent; <u>or</u> , if the c	omponent cou	ld not be
		II.	Service" si		and repaired		the broken com ays; <u>or</u> , if the co		
		iii.	that the St broken cor	age II syste mponent ur	em is correct ntil repaired;	tly operating a or, if the stag	n the remainder and post "Out o ge II system cou is correctly ope	f Service" sign uld not be isola	s on the
		iv.	signs on <u>a</u> performed	II gasoline and passe	dispensers	until the comply completed A	the facility and conent is repaire Annual In-Use (ed, applicable	tests
			☐ Yes		☐ No (if	no, see C.4 b	pelow)		
		Stage	II System R	Responsible	Official atte	esting to comp	liance status	# 1	□ #2



Massachusetts Department of Environmental Protection Customer Code#: Bureau of Waste Prevention - Stage II Vapor Recovery Program «FacAccount»

Stage II Form D1

Printed name of Stage II System Responsible

Official #2

	n-Use Compliance Testing Requitage II System Record Keeping			
Α	re the following records maintained on-sit	te, in a centralized location:		
	All weekly inspection checklists for the prior functioning or broken components, actions	twelve-month period identifying		
b.	A copy of Compliance Testing Company terprior twelve-month period.	st results for all Stage II Complian	nce tests performed	d during the
C.	A copy of the Stage II system's currently ap	plicable DEP Stage II In-Use Cor	mpliance Certificat	ion.
d	Record of all persons trained to perform we	ekly inspections of the Stage II S	ystem.	
	☐ Yes ☐ No (if no, s	see C.4 below)		
S	tage II System Responsible Official attest	ting to compliance status	# 1	□ #:
C	ompliance Status and Actions to Ensure F	uture Compliance		
Fo a. b. c.	the action(s) you took to correct the proble	m and date completed; and		
PI	ease print. If more space is needed, please u	se additional pages as necessary	, -ec c	
-		And the own ships I said		
	scale of the pro-	- plikitings	sygnol sygnoly	
_				
_			(
ol si	certify that (a) I have personally examined the ocument and all attachments and that, based otaining the information, I believe that the information to penalties for submitting false information compliance are in place at the facility	on my inquiry of those individuals rmation is true, accurate and con ation, including possible fines and	s immediately resp oplete. I am aware I imprisonment; (b)	onsible for that there systems t
di ol si m	ocument and all attachments and that, based otaining the information, I believe that the info	on my inquiry of those individuals rmation is true, accurate and con ation, including possible fines and and will be maintained for the cor	s immediately resp nplete. I am aware I imprisonment; (b) ming year even if tl	onsible for that there systems to be process

Signature of Stage II System Responsible

Official #2

Date



Customer Code#: «FacAccount»

Stage II Form D2

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

A.	Stage	II	System	Documentation	
----	-------	----	--------	---------------	--

55	As a series of the	Piero Liberteiro Et don ga		
1.	Stage II System Location			
	«RO Name»			
	Name of facility where the Stage II System is i	nstalled		
	«RO_Street»			
	Facility address			
	«RO_Town»	MA		«RO_ZIP»
	City/town	State		Zip code
2.	Stage II System Responsible Official	#1 (point of contact for Stage	II correspo	ondence)
	«RO_MailCnt»			«RO_Phn»
	Name of Stage II System Responsible Official			Telephone number
	«RO_MailAddr»	III SANCTON CONTRACTOR OF THE SANCTON CONTRA		
	Mailing address			
	«RO_MailCity»	«RO_MailStat	e»	«RO_MailZIP»
	City/town		<u> </u>	Zip code
3.	Stage II System Responsible Official	#2 (fill out only if applicable)		
	«DspOfficial2Cnt»			«DspOfficial2Phone»
	Name of Stage II System Responsible Official		28.1	
	«DspOfficial2Addr»			
	Mailing address			
	«DspOfficial2City»	«DspOffic	ial2Sta	«DspOfficial2ZIP»
	City/town	te»		The second secon
4.	Stage II Annual Compliance Fee Billi	ng Address:		
	Name of person to whom annual compliance f	ee is billed		Telephone Number
	Name of company		77	
	Mailing address		mana kang sa	······································
	City/town	State	C Class	Zip code
5.	Stage II System Executive Order#:	«CARB_NumCode», «CARB_ «CARB_SysType»	_oysciass	5»,
6.	DEP records show your facility to dis	pense	gallo	ns of gasoline annually.
	If this is <u>INCORRECT</u> , please check dispensed at your facility (gallons/ann		orrect am	ount of gasoline
	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	Car Agreement States	ater than 2,000,001
7.	How many gasoline storage tanks are this Stage II system?	e associated with	☐ One	☐ Two or more
8.	Is the pre-completed Stage II system A.1. – 5. correct?	documentation contained in	☐ Yes	□No
	If no, please print the correct informa	tion to the right on the same li	Danish West of	200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -
	ii no, picase print the correct informa	tion to the right on the same in	ie or chec	ine correct box.



Customer Code#:
«FacAccount»

Stage II Form D2

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

B. In-Use Compliance Testing and Submittal Requirements

- 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»** <u>AND</u> all compliance tests must be performed and passed within the 30 days prior to the postmarked date on the envelope.

C.	Compliance Te To be completed by th					
1.						
	Name of Compliance Tes	sting Company (please print)			
2.	DEP Stage II Compliance	e Testing Compa	ny ID#:	The second second		
3.	Prior to performing require are installed and are the					
	Yes	☐ No				
4.	Did you perform each co	mpliance test in	accordance with the	applicable test procedu	ıre?	
	Yes	☐ No				
5.	For each required compli	iance test, provid	le the:			
			Date Test First Performed	Result of First Test (Pass/Fail)	Date Test Perfo	
	a. Pressure Decay test		Count to you	established the state	1	
	b. Vapor Tie test					
	c. P/V Relief Vent test				300	
	d. Dynamic Back Pressu Liquid Blockage test	re/		on the final		
	e. Air/Liquid Volume Rati	o test		the second second	, <u>, , , , , , , , , , , , , , , , , , </u>	
	f. Healy Fill-neck Pressur	re test	and the same of th	present a second		_
	g. Healy Vapor Return Li	ne test	MENT OF THE REAL PROPERTY.	100 mg (57)		
6.	Were any compliance tes the remainder of the Stag	sts cited in 5. abo ge II system?	ove performed and	passed with one or more	e components isola	ted from
	Yes	☐ No				
	If yes, please identify the	test and isolated	d component(s):	In a Citro		
C. a resp that	rtify that, (a) I have person and all attachments pertain ponsible for obtaining the there are significant pena in fully authorized to make	ning to Section C information, I bel alties for submitti	., and that based o ieve that the inform ng false information	n my inquiry of those inc ation is true, accurate a , including possible fine	fividuals immediate nd complete. I am s and imprisonmen	ly aware
	ited Name Of Compliance T	esting Company	Signature o	of Compliance Testing Co	mpany Dat	е



Customer Code#: «FacAccount»

Stage II Form D2

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

D. Stage II Facility Compliance Certification

٥.					esponsible Official(s) or	nly.		
1.	Sta	age II Sy	stem Operation					
	a.		ou operated and ble Executive Or		Stage II system in acc	ordance v	vith the syster	m's
		☐ Yes		☐ No (if no, se	ee D.4 below)			
		Stage I	System Respon	nsible Official at	testing to compliance s	tatus	# 1	#2
	b.	Have yo	ou visually inspe	cted the Stage	II system on a weekly b	asis?		
		☐ Yes		☐ No (if no, s	ee D.4 below)			
		Stage I	System Respon	nsible Official at	ttesting to compliance s	tatus	# 1	# 2
	C.				ual inspections trained s applicable Executive		and maintain	n the Stage II
		☐ Yes		☐ No (if no, s	ee D.4 below)			
		Stage I	System Respo	nsible Official a	ttesting to compliance s	tatus	# 1	☐ #2
2.	Sta	age II Sy	stem Maintena	nce				
	a.		sult of weekly vis d, non-functionin		s, did you find any Stage oken)?	e II syster	n component	s incorrectly
		☐ Yes		☐ No				
		If YES,	did you:					
		i.	immediately rej		Stage II component; or	, if the co	mponent coul	d not be
		il.		on it, and repair	asoline through the bro red it within 14 days; <u>or</u>			
		III.	that the Stage I broken compor	I system is corr nent until repaire	component from the received operating and posed; or, if the stage II systage II system is corre	t "Out of stem could	Service" signs d not be isola	s on the
		iv.	signs on all gas performed and	soline dispense	g of gasoline at the faci rs until the component i fully completed Annual s required.	s repaired	d, applicable t	tests
			☐ Yes	☐ No	(if no, see D.4 below)			

Stage II System Responsible Official attesting to compliance status

#2

#1



2.

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

Customer Code#: «FacAccount»

Stage II Form D2

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

	e Compliance Testin ge II System Maintenanc				A Pro II	WHITE STATE OF THE
b.	Was one or more Annual	In-Use	Complia	ance te	st failed	d on the first try?
	☐ Yes ☐	No				
						your response to the failed test(s), repairs System to pass the failed test(s).
	Failed Test		oonse T one, see			Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s).
-		(1)	(2)	(3)	(4)	(If additional space is needed, use D.4.)
	i. Pressure Decay test					
	ii. Vapor Tie test					
	iii. P/V Relief Vent test					
	iv. Dynamic Back Pressure/ Liquid Blockage test					
	v. Air/Liquid Volume Ratio test					indi
	vi. Healy Fill-neck Pressure test					
	vii. Healy Vapor Return Line test					
	(1) immediately repaired or, if the component of					ctioning or broken (broken) Stage II component
28						broken component, posted "Out of Service" mponent could not be repaired within 14 days
	Stage II system is corr	ectly ope	erating a	and post	ed "Out	emainder of the Stage II system so that the of Service" signs on the broken component olated from the broken component so that the
	gasoline dispensers un	ntil the c	ompone	nt is rep	aired, ap	facility and posted "Out of Service" signs on <u>all</u> pplicable tests performed and passed, and a n submitted to the Department as required.
Stag	ge II System Responsible	Official	attestin	g to co	mpliano	ce status #1 #2
Sta	ge II System Record Kee	ping				
Are	the following records main	ntained	on-site,	in a ce	entralize	ed location:
						riod identifying incorrectly installed, non- e Stage II system, and the date of repair.
	A copy of Compliance Testing prior twelve-month period.	g Compa	ny test	results f	for all Sta	age II Compliance tests performed during the
C. /	A copy of the Stage II system	's currer	ntly appl	icable D	EP Stag	ge II In-Use Compliance Certification.
d. I	Record of all persons trained	to perfo	rm week	dy inspe	ections of	of the Stage II System.
	☐ Yes [☐ No (if	no, see	e D.4 b	elow)	1254
Star	ne II System Responsible	Official	attectin	a to co	mnliano	ce status 🗆 #1 🗆 #2



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 only one box for each RO. 					
	If a Corporation, an official with	authority to bind the Corporation	n:			
	President RO#2 Secretary Dreasurer	Vice President Other person who performs making or decision-making		RO #1	RO #2	
	rreasuler	Corporation	iunction of the			
	If a Partnership, a general partn	er				
	If a Sole Proprietorship, the prop	prietor				
	If a municipality/public agency, a or ranking elected official with a on behalf of municipality/public a	uthority to enter into contracts				
	Important: Please provide the effe		RO #1:/			
	Responsible Official assumed his applicable.	her responsibilities, as	RO #2:/			
4.	Stage II Annual Compliance Fee Bil	ling Address				
	Has the person, name of the compa the Department's Stage II database Compliance Fee, changed?		☐ Yes		□No	
	If yes, please complete the informat	ion below. If no, continue to Se	ction C.		•	
	Stage II Annual Compliance Fee Bil	ling Address:				
	Name of person to whom compliance fee sha	all be billed (please print)	Telephone Nu	ımber		
	Name of new company		Federal Empl	oyer ID#	- FEIN	
	Mailing address	The second secon	and the same of th			
	City/town	State	Zip co	de		
	Important: Please provide the effe		ince	,	1	
	Fee.	A Paris of Paris of Paris	Party and the second			



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	· Maintananaa	and Dagged	Vacaina
raciiiv Oberanoi	1 Maintenance	and Record	Keening

inty	Operat	ion, maintene	ance and Record Reeping		
1.		II Facility Tra	and reviewed a copy of your Stage II system's Exining Manual to ensure correct operation and main		
	☐ Yes	s	☐ No (If "No", see Directions For Completing	g Form E, Sect	tion C.)
	Stage	II System Re	sponsible Official attesting to compliance status	# 1	#2
2.		e and mainta	nducting required weekly visual inspections of the in the Stage II system in accordance with the syst		
	☐ Yes	S	☐ No		
	Stage	II System Re	sponsible Official attesting to compliance status	# 1	#2
3.	identifi	ied as a resul	rrectly installed, non-functioning or broken (broken t of a weekly visual inspection or failed Stage II Co e requirements to:		
	í.	immediately immediately	repair the broken Stage II component; $\underline{\mathbf{or}}$, if the corepaired	omponent can	not be
	ii.		stop dispensing gasoline through the broken comes on it, and repaired it within 14 days; <u>or</u> , if the comin 14 days		
	iii.	that the Stag	isolate the broken component from the remainder ge II system is correctly operating and post "Out of ponent until repaired; or, if the stage II system car ponent so that the Stage II system is correctly ope	f Service" signs not be isolate	s on the
	iv.	on <u>all</u> gasoli passed, and	stop <u>all</u> dispensing of gasoline at the facility and per dispensers until the component is repaired, apply a fully completed Annual In-Use Compliance Ceras required.	plicable tests p	erformed and
		☐ Yes	□ No		
	Stage	II System Re	sponsible Official attesting to compliance status	# 1	# 2
4.		ou in compliar lized location	nce with the requirements to maintain the following :	records on-sit	te, in a
	i.	installed, no	nspection checklists for the prior twelve-month pe on-functioning or broken components, actions take d the date of repair.		
	ii.		Compliance Testing Company test results for all St during the prior twelve-month period.	age II Complia	ince tests
	iii.	A copy of the Certification	ne Stage II system's currently applicable DEP Stagn.	ge II In-Use Co	ompliance
	iv.	Record of a	all persons trained to perform weekly inspections of	of the Stage II S	System.
		☐ Yes	□ No		
				_	



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) systems¹ 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

¹ 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 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)	aline) and k	Telephone number									
	Mailing address	Charles Services	gaments in	V								
	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	e?	☐ 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 Sta Out of Service status	ige II system	□ #1	# 2								
B.	Future Property Use											
1.	Will the property referenced in this Notification be us business or commercial operations (for example, au convenience store, etc.)?		☐ Yes	□ No								
	If yes, please identify:											



Stage II Form F

Stage II System Closure Notification

2.	If you answered Yes to Question B.1., has the sold or leased to a new property owner/operation.		n ☐ Yes	☐ No		
	If Yes, please provide the following new property owner/operator information:					
	Name of New Property Owner/Operator (please print)		Telephone number			
	Address		No. of the			
	City/town	State	Zip code			
3.	What is the effective date the new property of the referenced property?	owner/operator took control	of	Ĭ		
C.	Compliance Certification					
pe all the sig	ertify that, where I have indicated that I am the rsonally examined the foregoing and am familiattachments and that, based on my inquiry of information, I believe that the information is traificant penalties for submitting false information in fully authorized to make this attestation on be	iar with the information con those individuals immediat rue, accurate and complete ion, including possible fines	tained in this docu ely responsible for . I am aware that	ment and obtaining there are		
Prin	nted name of Stage II System Responsible Official #1	Signature of Stage II System	Responsible Official #1	Date		
Prin	nted name of Stage II System Responsible Official #2	Signature of Stage II System	Responsible Official #2	Date		

Executive Order 384 Small Business Impact Statement

A conour	Overview Data	r sa salginis				
	gency Department of Environmental Protection					
	ecretariat Executive Office of Energy and Environmental Affairs					
CMR Number						
Regulation Title	Dispensing Motor Vehicle Fuel					
推广,各位计算是数	Small Business Impact Statement	1	~			
or a solution		Yes	N			
	of this regulation be readily accessible and useable by small businesses?	X	1208			
burdens, or other admi businesses?	iminate any unnecessary or duplicative costs, filing requirements, paperwork nistrative requirements that may have a negative impact on small	X				
equirements?						
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.						
requirements for Stage and associated costs w	e proposed changes to the Stage II regulations will clarify applicable compliance testing uirements for Stage II system repairs, resulting in elimination of unnecessary compliance testing associated costs when repairs are made to the system. The proposed amendments will also ninate the 120-Day compliance testing and certification requirement lowering facility nolliance costs.					
Will this regulatory act with the affected regul	ill this regulatory action increase or decrease the costs of small businesses seeking to comply the the affected regulatory scheme? If yes, to what extent?					
	proposed amendments will decrease costs to small business where Stage II vapor recovery ms are installed in two ways:					
testing, record facilities.	ons regarding "modifications" to Stage II systems, related requirements for d keeping and certification will result in lower compliance cost for all					
requirement v certification e	110 - 100 A					
which will be required	to have installed pressure vacuum (P/V) caps on all fuel storage tank vent cost of a P/V cap is \$85. The average cost of compliance testing P/V caps is					
	ikely to bear greater costs relative to other businesses in complying with the ves, to what extent?		Х			
Are there alternative m	nethods for accomplishing the objectives of the regulatory action that might small businesses? If yes, why were such alternatives not pursued?		>			
s it possible to establis	sh less stringent requirements for small businesses, or to exempt small any part of the requirements?		>			
	n mandated by statute, federal policy or some other authority? If yes, specify	Х				
	is required under the Clean Air Act and is included in Massachusetts Ozone Plan (SIP) for attaining and maintaining compliance with the ozone National standard.	7				
	secribe any costs savings associated with using one type of standard instead		Х			

And report to the control of the con

*	