



Rhode Island Department of Environmental Management

Office of Air Resources

Proposed Installation of Stage I CARB-Certified EVR System

Please mail to Office of Air Resources, 235 Promenade St, Providence RI 02908

1. _____
Station Name and Address

2. _____
Tank Type: UST or AST AST Manufacturer

3. At this time, if your facility does not have a Stage I CARB-Certified EVR System or a system composed of EVR components please indicate below the proposed install date, the installation company, and the type of system that will be installed.

Installation Date: _____
Installation Company: _____
Stage I EVR System: _____

4. Stage I Type: Coaxial or Dual Point? _____

5. Indicate **date** each required Stage I compliance test, **as applicable**, was performed and passed:

Pressure Decay Test (TP-201.3) _____
Vapor Tie Test (TP-201.3) _____
P/V Vent Valve Test (TP-201.1E) _____
Static Torque Rotatable Adaptor Test (TP-201.1B) _____
Leak Rate of Drop Tube/Drain Valve Test (TP-201.1C) _____
Leak Rate of Drop Tube/Overfill Prevention Device Test (TP201.D) _____

6. Stage I System Responsible Official Statement:

I, the undersigned hereby certify that I have personally reviewed and am knowledgeable of the information presented in this document, and I believe that the information is true, accurate, and complete.

Printed Name of Responsible Official

Signature

Date

In addition, all Installations and Modifications planned shall be in compliance with all rules and regulations per Office of Land Revitalization and Sustainable Materials Management (“LRSMM”), Underground Storage Tank Management Program (“UST”), For information prior to planning and scheduling, please call RIDEM LRSMM UST at (401) 222-2797.