



## Rhode Island Department of Environmental Management

### Office of Air Resources

#### Stage I Installation/Substantial Modification Certification

This form is to be completely filled out and submitted **after** the install/modification of a Stage I system. Mail to: 235 Promenade Street, Providence, RI 02908-5767 or email to [DEM.OARStageI@dem.ri.gov](mailto:DEM.OARStageI@dem.ri.gov)

This form is only applicable to regulatory requirements from the Office of Air Resources and does not include any required documentation that has to be submitted to the Underground Storage Tank or Aboveground Storage Tank Management Program.

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### Stage I System Documentation

#### 1. Facility Information

\_\_\_\_\_  
Name of Facility Where Stage I is Installed

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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### Compliance Certification

1. \_\_\_\_\_  
Name of Firm/Contractor Company
  
2. Check off what type of work was performed at this facility:
  - a. Installation of a new Stage I system on a new gasoline tank. \_\_\_\_\_
  - b. Installation of a new Stage I system at an existing gasoline tank. \_\_\_\_\_
  - c. Substantial Modification of an existing Stage I system. \_\_\_\_\_

3. Check off which type of system was installed at this facility:
- a. CARB Certified Stage I System \_\_\_\_\_  
 Executive Order: \_\_\_\_\_
  - b. CARB Certified EVR Component Stage I System \_\_\_\_\_
4. For the install or modification of a gasoline dispensing facility's Stage I system, prior to performing required compliance tests, did you confirm that all required EVR components, including by not limited to; product and vapor buckets, rotatable adaptors, dust caps, drop tubes, ATG caps and adaptors, P/V vent valves, jack screw kits, riser seals, etc. are correctly installed in accordance with applicable CARB Executive Orders and manufacturers guidance? \_\_\_\_\_ Yes Initials \_\_\_\_\_
5. As a result of a replacement of a spill containment basin on a UST, has the "Spill Containment Basin Replacement" form been submitted to the Underground Storage Tank Program? Form: <http://www.dem.ri.gov/programs/benviron/waste/pdf/scbreplace.pdf>  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If No, this form **must** be submitted to the UST program within 14 days after installation.

6. Has all required testing of the system been conducted as a result of the installation and/or modification of the Stage I system? \*This includes all required testing per UST or AST regulations. Ex: A replacement spill containment basin on a UST requires a passing UST primary wall tightness test.

For each required test provide the last date each passing test.

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) \_\_\_\_\_

7. State I System Responsible Official Compliance Certification 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 Stage I Responsible Official      Signature of Stage I Responsible Official

\_\_\_\_\_  
 Date