



State of Rhode Island
 Department of Environmental Management
 Office of Air Resources – Stage II Vapor Recovery Program

STAGE II SYSTEM DECOMMISSIONING COMPLETION CERTIFICATION

A.

Date decommissioning was completed _____.

Please Note:

The entire Stage II system must be decommissioned in accordance with Petroleum Equipment Institute's (PEI) Recommended Practices.

B. Stage II System Documentation

Name of Stage II System Responsible Official	Telephone Number
Name of Facility Where Stage II System is was decommissioned	
Physical Address of Facility	
City/Town	RI State
	Zip Code
Stage II Facility Account No.	Underground Storage Tank (UST) ID No.

C. Certification of Decommissioning

Was the entire Stage II system decommissioned in accordance with: PEI Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle-Fueling Sites, PEI/RP300-09, Chapter 14, Decommissioning Stage II Vapor Recovery Piping?

YES NO

Have all the required tests on the testing form been performed and passed?

YES NO

Is a fully completed and signed PEI RP300 Stage II Decommissioning Checklist attached to Notification?

YES NO

Stage I Testing Form attached?

YES NO

EVR Equipment List attached?

YES NO

Stage II System Responsible Official Compliance Certification Statement:

I certify that, where I have indicated that I am the Stage I System Responsible Official, **(a)** I have personally examined the forgoing and am familiar with the information contained in this document and all attachments and that, based on my obtaining the information, I believe that the information is true, accurate and complete; **(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.

 Stage II System Responsible Official Name

 Stage II System Responsible Official Signature

 Date (MM/DD/YYYY)