

# Decommissioning Notification Stage II Vapor Recovery

MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS PRIOR TO DECOMMISSIONING

## A. IDENTIFICATION

Station Site Name		Station Owner Name:	
Site Street Address:		Mailing Address:	
City/Town:		City/Town:	
State:	Zip Code:	State:	Zip Code:
Telephone Number:		Telephone Number:	

B. Facility ID Number: \_\_\_\_\_

C. Throughput per year: \_\_\_\_\_  
million (MM) gallons per year

D. Type of System:   Vaccuum-Assist   Balance   Aspirated

Tank top accessible with excavation:       YES   NO

Decommissioning Company Name (please print): \_\_\_\_\_ Decommissioning Date: \_\_\_\_\_

Technician Signature: (Note: Signer is verifying that system will be decommissioned following the PEI 300-09 - Chapter 14 standard.) \_\_\_\_\_ Date: \_\_\_\_\_

Station Owner Representative Name (please print): \_\_\_\_\_

Station Owner Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certification, checklist and test report must be submitted 30 business days after decommissioning.  
Forms are available on RI DEM's website at <http://www.dem.ri.gov/pubs/forms.htm#air>

### **Send Completed Form To:**

State of Rhode Island  
Department of Environmental Management  
Office of Air Resources  
235 Promenade Street, Room 230  
Providence, RI 02908  
Phone: 401-222-2808  
Fax: 401-222-2017