



Decommissioning Notification Stage II Vapor Recovery



Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

A. IDENTIFICATION (Please Print)

1. Tank Site Name:		2. Tank Owner Name	
Site Street Address:		Mailing Address:	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
State:	Zip Code	State	Zip Code
WISCONSIN			
County:		Telephone Number	
		()	
Site Telephone Number			
()			

B. DATCP Facility ID #: _____ **DNR FID#:** _____

C. Throughput per year: _____ **NR 445 Compliance Notification for Gasoline Dispensing Facilities**
(million (MM) gallons per year) **Form submitted to DNR for throughput greater than 2MM gallons / year.**

D. Associated Tank Regulated Object Numbers:

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E. Vapor Recovery/Stage II: Fiberglass Flexible Other: _____

F. Type of System: Balance Vacuum-assist Aspirated

G. Comments:

Decommissioning Company Name (please print):	DSPS Tank Firm #:	Decommission date:
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Technician Signature (Note: Signer is verifying that system was decommissioned following the PEI 300-09 - Chapter 14 standard.)

Tank Owner Representative Name (please print):

Tank Owner Representative Signature	Date
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Complete decommissioning checklist on page 2.

Notification, checklist and test report must be submitted within 15 business days of decommissioning.

Send Completed Form To:
Bureau of Weights & Measures
P.O. Box 7837
Madison, WI 53718-6777

DATCP Administrative Copy sent to DNR <input type="checkbox"/> by: _____

Stage II Decommissioning Checklist

Note: Technician is expected to follow manufacturer's decommissioning instructions where they exist.

PEI 300-09 Reference	Decommissioning Activity	Completed
14.6.1	Initiate safety procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.2	Relieve pressure in tank ullage.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.3	Drain and purge stage II system of liquid and vapors. Piping: <input type="checkbox"/> Disabled/plugged in place <input type="checkbox"/> Removed	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.4 /14.6.5	Disconnect all vapor and processing units. Pump: <input type="checkbox"/> Disabled <input type="checkbox"/> Removed	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.4	Disconnect all electrical components of the stage II system so that no electrical hazards are created.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.4	Reprogram the dispenser to reflect that stage II vapor recovery is no longer in service. <input type="checkbox"/> Electronics <input type="checkbox"/> Program software	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.6	Securely seal off the below-grade vapor piping at the height below the level of the base of the dispenser.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.7	Securely seal off the below-grade vapor piping at the tank end if it is accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.8	Securely seal the vapor piping inside the dispenser cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.9	Replace [all] stage II hanging hardware with conventional hanging hardware.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.10	Install appropriate pressure / vacuum vent valve(s).	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.11	Remove any stage II instructions from the dispenser cabinet.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.12	Conduct a pressure decay test to verify fittings are tight. Conduct a tie-tank test to verify vents are still functional. <i>Attach test reports</i>	<input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.13	Verify that the visible components of the storage tank/dispensing system are left in a condition that will reliably prevent the release of any vapors or liquids from any component of the storage tank/dispensing system.	<input type="checkbox"/> Yes <input type="checkbox"/> NA
14.6.13	Restore the facility to operating status.	<input type="checkbox"/> Yes <input type="checkbox"/> NA

Comments/Notes: