



STATE OF DELAWARE

DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
 391 LUKENS DRIVE
 NEW CASTLE, DELAWARE 19720

COMPLIANCE & PERMITTING

PHONE: (302) 395-2500

FAX: (302) 395-2555

Stage II Decommissioning Checklist

FACILITY INFORMATION	
Facility ID Number:	Date:
Facility Name:	
Street	
City	Zip:
Owner's Name:	Phone:
Email:	

CONTRACTOR INFORMATION		
Co. Name:	DE Certification #:	
Contact Name:		
Street:		
City:	State:	Zip:
Phone:		
Email:		

Activity ID	Decommissioning Activity	Status	
		Yes	No
1	Submit Retrofit Notification Form.	Completed	
2	Apply for Stage I EVR Construction Permit.	Completed	
3	Receive Stage I EVR Construction Permit – Construction Cannot Commence Until the Permit is Issued.	Completed	
4	Install Stage I EVR system.	Completed	
5	Disconnect all electrical dispenser components of the Stage II system including the STP such that no electrical hazards are created.	Completed	
6	Drain, collect and dispose of all dispenser liquids from affected equipment.	Completed	
7	Disconnect return line from each dispenser and remove the vapor shear valve and flex connector.	Completed	
8	Replace Dispensers (if yes go to 13, if no go to 9).	Yes	No
9	Remove or abandon vacuum pump(s) per attached instructions.	Completed	
10	Cap all vapor piping inside the dispenser cabinet.	Completed	
11	Replace Stage II hanging hardware with conventional hanging hardware.	Completed	

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Activity ID	Decommissioning Activity	Status		
12	Reprogram dispenser electronics to reflect that Stage II is no longer in service. Also see vapor pump abandonment instructions.	Completed		
13	All dispenser labeling shall be in accordance with Section 36 of 7 DE Admin. Code 1124, <i>Control of Volatile Organic Compound Emissions</i> (“Vapor Recovery Regulations”). Any existing Stage II instructions are to be removed from the dispenser cabinet.	Completed		
14	Vapor return piping removed or abandoned in place (cleaned and capped at each dispenser and at the tank (if yes go to 17, if not go to 15)).	Yes		No
15	Return line connected to the tank. Install a rigid riser of the same material as the existing vapor return piping to a height such that the label in #16 easily visible from the top of the sump with the dispenser installed.	Completed		
16	Label capped vapor return piping under each dispenser as “Return Line Connected to Tank” (see attached Vapor Return Line Label Proof).	Completed		
17	Install appropriate pressure/vacuum vent(s).	Completed		
18	Install continuous pressure monitoring (CPM) system.	Yes		No

Activity ID	Testing Requirements <i>[submit testing notification form 10 days in advance to DNREC.VaporRecovery@delaware.gov]</i>	Status		
19	Conduct 10 gallon per minute nozzle flow rate test as per the attached 10 GPM Nozzle Test procedure.	Completed		
20	Conduct pressure decay/leak test in accordance with Test Procedure TP-96-1 of the San Diego Protocol, Revision III dated 3-1-96.	Completed		
21	Conduct vapor tie test in accordance with Test Procedure TP-96-1 of the San Diego Protocol, Revision III dated 3-1-96.	Completed		
22	Conduct P/V leak rate and cracking pressure test in accordance with CARB Test Procedure TP-201.1E dated October 8, 2003.	Completed		
23	Conduct tank and line tightness tests on all tanks and lines.	Completed		
24	Conduct spill containment test.	Completed		
25	Conduct CPM system operability test for facilities with CPM Installed as per attached Veeder-Root CPM Operability Test Procedure Test Procedure.	Yes		No

26	Verify that the visible components of the storage tank system are left in a condition that will prevent the release of any vapors or liquids from any component of the storage tank system.	Completed		
27	Restore the facility to operating status.	Completed		

Comments (use this section if you need to provide additional information)

Certification of Information Accuracy	
The information presented herein is true and accurate to the best of my knowledge and I am authorized to make this statement on behalf of this facility	
Signature of technician doing the work:	Date:
Signature of owner:	Date: