

[Submit by Email](#)[Print Form](#)[Reset Form](#)**Georgia Environmental Protection Division****Petroleum Industry Regulatory Team (PIRT)**

4244 International Parkway, Suite 104

Atlanta, Georgia 30354

For additional resources, please visit our website at (www.gaepd.org)**Stage II Decommissioning Checklist****(System Owner Must Retain Completed Log for 3 Years)**

EPD Use Only

Air Station ID

Checklist Submittal Date:

4/9/14

Project/Test Date:

Start Time:

County:

Choose One:

Facility ID:

Facility Name:

Facility Street Address:

Facility City:

Owner/Operator of UST and/or Dispensing Equipment:

O/O Phone:

Name of Company Conducting This Project:

Company Phone:

Choose One:

Company e-Mail Address:

Testing Technician:

Technician's Valid Training Cert. Number for EVR:

Technician's Cell:

You MUST attach the following documents: ☐ Stage II Decommissioning Notification ☐ Pressure Decay Test Report ☐ Tie-Tank Test**Complete Each Step In The Order Given. Provide Completion Date and Completing Technician's Initials for Each Activity.**

Step	Activity Type	Date	Initials	Step	Activity Type	Date	Initials
1	<input type="checkbox"/> Initiate safety procedures.			9	<input type="checkbox"/> Securely seal off the vapor piping inside the dispenser and cap with compatible material.		
2	<input type="checkbox"/> Relieve pressure in tank ullage.			10	<input type="checkbox"/> Replace Stage II hanging hardware with conventional hanging hardware if needed.		
3	<input type="checkbox"/> Drain liquid-collection points.			11	<input type="checkbox"/> Install appropriate Pressure/Vacuum Vent valve.		
4	<input type="checkbox"/> Disconnect all vapor pumping or processing unit.			12	<input type="checkbox"/> Remove any instructions from the dispenser cabinet.		
5	<input type="checkbox"/> Disconnect all electrical components of the Stage II VRS so that no electrical hazards are created.			13	<input type="checkbox"/> Conduct pressure decay method and tie-tank test using approved decay and tie-test methods. Include results in submitted paperwork.		
6	<input type="checkbox"/> Reprogram the dispenser electronics to reflect that Stage II VRS is no longer in service.			14	<input type="checkbox"/> Verify visible components of storage tank are left in condition that will reliably prevent the release of vapors/liquids from any system component.		
7	<input type="checkbox"/> Securely seal off the below grade vapor piping at height below the level of the base of the dispenser and capped with compatible cap material.			15	<input type="checkbox"/> Restore facility to operating status.		
8	<input type="checkbox"/> Securely seal off the below grade vapor piping at the tank end if it is easily accessible and cap with compatible material.						

Comments:

Certification: By selecting "I Accept" and entering my name in the space provided, I am signing this Notification Form electronically. I agree that my electronic signature is the legal equivalent of my manual signature for purposes of this document. I certify that the information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense.

☐ I Accept Your Name Here:

Your Title:

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