|  |  |
| --- | --- |
| TR-WM-122 (9/16) Formerly ERS-10903 | FOR OFFICE USE ONLY |
|  |  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Weights and MeasuresP O Box 7837 Madison, WI 53707-7837(608) 224-4942 | [ ]  Copy sent to DNR |
| By: |
|       |
| Wis. Admin. Code §ATCP 93.230 |
| DECOMMISSIONING NOTIFICATION STAGE 2 VAPOR RECOVERY |

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

|  |
| --- |
| 1. IDENTIFICATION (Please Print)
 |
| 1. TANK SITE NAME      | COUNTY      | PHONE(   )     -      |
| SITE STREET ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF:      | STATEWI | ZIP      |
| 2. TANK OWNER LEGAL NAME      | EMAIL      | PHONE(   )     -      |
| MAILING ADDRESS      | [ ]  CITY [ ]  VILLAGE [ ]  TOWN OF:      | STATEWI | ZIP      |

|  |  |
| --- | --- |
| 1. DATCP FACILITY ID #
 | DNR FID #       |
| 1. Throughput per year:
 |       | (million (MM) gallons per year) |
| [ ]  NR 445 Compliance Notification for Gasoline Dispensing Facilities Form submitted to DNR for throughput greater than 2MM gallons / year |
| 1. ASSOCIATED TANK REGULATED OBJECT NUMBERS:
 |
|       |       |       |       |       |       |
| 1. VAPOR RECOVERY/STAGE II:
 | [ ]  Fiberglass | [ ]  Flexible | [ ]  Other |       |
| 1. TYPE OF SYSTEM:
 | [ ]  Balance | [ ]  Vacuum assist | [ ]  Aspirated |
| 1. COMMENTS:
 |

|  |  |  |
| --- | --- | --- |
| DECOMMISSIONING COMPANY NAME (please print): | ATCP TANK FIRM #: | DECOMMISSION DATE: |
|       |       |       |

|  |  |
| --- | --- |
| TECHNICIAN SIGNATURE (Note: Signer is verifying that system was decommissioned following the PEI 300-09 - Chapter 14 standard.) | EMAIL: |
|  |       |

|  |  |
| --- | --- |
| TANK OWNER REPRESENTATIVE NAME(please print): | EMAIL: |
|       |       |

|  |  |
| --- | --- |
| TANK OWNER REPRESENTATIVE SIGNATURE: | DATE: |
|  |       |

This document can be made available in alternate formats to individuals with disabilities upon request.

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

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. | [ ]  Yes | [ ]  N/A |
| 14.6.2 | Relieve pressure in tank ullage. | [ ]  Yes | [ ]  N/A |
| 14.6.3 | Drain and purge stage II system of liquid and vapors. Piping: [ ]  Disabled/plugged in place [ ]  Removed | [ ]  Yes | [ ]  N/A |
| 14.6.4 /14.6.5 | Disconnect all vapor and processing units. Pump: [ ]  Disabled [ ]  Removed | [ ]  Yes | [ ]  N/A |
| 14.6.4 | Disconnect all electrical components of the stage II system so that no electrical hazards are created. | [ ]  Yes | [ ]  N/A |
| 14.6.4 | Reprogram the dispenser to reflect that stage II vapor recovery is no longer in service.[ ]  Electronics [ ]  Program software | [ ]  Yes | [ ]  N/A |
| 14.6.6 | Securely seal off the below-grade vapor piping at the height below the level of the base of the dispenser. | [ ]  Yes | [ ]  N/A |
| 14.6.7 | Securely seal off the below-grade vapor piping at the tank end if it is accessible. | [ ]  Yes | [ ]  N/A |
| 14.6.8 | Securely seal the vapor piping inside the dispenser cabinet | [ ]  Yes | [ ]  N/A |
| 14.6.9 | Replace [all] stage II hanging hardware with conventional hanging hardware. | [ ]  Yes | [ ]  N/A |
| 14.6.10 | Install appropriate pressure / vacuum vent valve(s). | [ ]  Yes | [ ]  N/A |
| 14.6.11 | Remove any stage II instructions from the dispenser cabinet. | [ ]  Yes | [ ]  N/A |
| 14.6.12 | Conduct a pressure decay test to verify fittings are tight. | [ ]  Yes | [ ]  N/A |
| Conduct a tie-tank test to verify vents are still functional. | [ ]  Yes | [ ]  N/A |
| Attach test reports |  |  |
| 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. | [ ]  Yes | [ ]  N/A |
| 14.6.13 | Restore the facility to operating status. | [ ]  Yes | [ ]  N/A |

|  |
| --- |
| COMMENTS: |
|       |