



Massachusetts Department of Environmental Protection
Bureau of Air and Waste – Stage II Vapor Recovery Program

Stage II Form D2

MassDEP Facility Account # _____

Alternative Annual In-Use Compliance Certification
(In-Use Compliance Testing Required)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

A. Stage II System Documentation

1. Stage II System Location

Name of Facility Where the Stage II System is Installed _____

Facility Address _____

City/Town _____ State MA Zip Code _____

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence)

Name of Stage II System Responsible Official #1 _____ Phone Number _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

3. Stage II System Responsible Official #2 (fill out only if applicable)

Name of Stage II System Responsible Official #2 _____ Phone Number _____

Name of Company or Facility _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

4. Stage II Annual Compliance Fee Billing Address:

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact names. _____ Phone Number _____

Name of Company (Corp., Co., Inc., LLC, etc.) _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

5. Has any Stage II system documentation provided in A. 1– 4 above changed from that currently on record in MassDEP's Stage II database? Yes No

6. Please check the box below identifying the correct amount of gasoline dispensed at this facility (gallons/annually):

- Less than 120,000
- 120,000 to 240,000
- 240,001 to 500,000
- 500,001 to 1,200,000
- 1,200,001 to 2,000,000
- Greater than 2,000,000

7. How many gasoline storage tanks are associated with this Stage II system?

- One
- Two or more



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B. In-Use Compliance Testing and Submittal Requirements

1. In-Use Compliance Tests Required to be Performed and Passed.

2. Compliance Certification Submittal Due Date:

For this certification form to be submitted on time, the envelope used to mail it to MassDEP must be postmark-dated on or before the facility's annual in-use compliance certification due date.

Section C. to be completed by the Compliance Testing Company only.

C. Compliance Testing Company Certification

1. Name of Compliance Testing Company (please print) _____

2. Compliance Testing Company MassDEP ID #: _____ 3. Stage II System CARB Executive Order #: _____

4. Prior to performing required compliance tests, did you confirm that all aboveground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?
 Yes No

5. For Stage II Systems associated with two or more gasoline storage tanks, prior to performing required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded in accordance with the system's currently applicable Executive Order?
 Yes No Not Applicable (only one gasoline storage tank)

6. Did you perform each applicable compliance test in accordance with the referenced test procedure?
 Yes No

7. For each required test provide the:	Date Test First Performed	Result of First Test (Pass/Fail)	Date Test Performed and Passed
Pressure Decay test	_____	_____	_____
Vapor Tie test	_____	_____	_____
P/V Relief Vent test	_____	_____	_____
Dynamic Back Pressure/ Liquid Blockage test	_____	_____	_____
Air/Liquid Volume Ratio test	_____	_____	_____
Healy Fill-neck Pressure test	_____	_____	_____
Healy Vapor Return Line test	_____	_____	_____

8. Were any compliance tests cited in 7. above performed and passed with one or more components **isolated** from the remainder of the Stage II system? Yes No

If **YES**, please identify the test(s) and isolated component(s): _____

9. Compliance Testing Company Responsible Official Compliance Certification Statement

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments pertaining to Section C., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed Name Of Compliance Testing Company
Responsible Official

Signature of Compliance Testing Company
Responsible Official

Date



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D. Stage II System Responsible Official Compliance Certification

Section D. to be completed by the Stage II System Responsible Official(s) only.

1. Stage II System Operation

- a. Have you operated and maintained your Stage II system in accordance with your applicable **CARB Executive Order** to ensure correct operation and maintenance? (CARB order number is provided on page 2. C. 3.)

Yes No (if **NO**, see D.4 below)

If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-PhaseII.htm>

Stage II System Responsible Official attesting to compliance status #1 #2

- b. Have you **visually inspected** the **Stage II system** on a **weekly** basis?

Yes No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status #1 #2

The **Stage II Weekly Inspection Guidance Manual** for your applicable Stage II System provides you with the correct procedures for conducting required weekly visual inspections.

Stage II Weekly Inspection Guidance Manuals for Balance, Vacuum Assist, and Healy systems are available at: <http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>

- c. Are the **persons** conducting weekly visual inspections **trained** to operate and maintain the Stage II system in accordance with the system’s applicable CARB Executive Order?

Yes No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status #1 #2

2. Stage II System Maintenance

- a. As a result of **weekly visual inspections**, did you find any Stage II system components incorrectly installed, non-functioning or broken?

Yes No

- b. If **YES**, did you **immediately repair the broken Stage II components**; **or**, if the components cannot be immediately repaired did you:

- i. immediately **stop dispensing gasoline through the broken components**, post “Out of Service” signs on the components, and repaired the components within 14 days; **or**, if the components cannot be repaired within 14 days, did you;

- ii. immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken components until repaired; **or**, if the stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating, did you;

- iii. immediately **stop all dispensing of gasoline** at the facility and post “Out of Service” signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Yes No (if **NO**, see D.4 below)

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D. Stage II System Responsible Official Compliance Certification

Section D. to be completed by the Stage II System Responsible Official(s) only.

2. Stage II System Maintenance (cont.)

- c. Was one or more Annual In-Use Compliance **tests failed** on the **first try**? Yes No
- d. If **YES**, did you immediately repair the broken Stage II components and pass the required applicable Annual In-Use Compliance tests? Yes No
- e. If **NO**, check the appropriate box below identifying your response to the failed tests, the repairs completed in order to pass the required test(s) and the date repairs were made.

Failed Test	Response To Failed Test (pick one per test, see below)		Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s). (If additional space is needed, use D.4.)
	(1)	(2)	
Pressure Decay test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vapor Tie test	<input type="checkbox"/>	<input type="checkbox"/>	_____
P/V Relief Vent test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dynamic Back Pressure/ Liquid Blockage test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air/Liquid Volume Ratio test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healy Fill-neck Pressure test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healy Vapor Return Line test	<input type="checkbox"/>	<input type="checkbox"/>	_____

- (1) Immediately **isolated the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken components until repaired; **or**, if the Stage II system cannot not be isolated from the broken components so that the Stage II system is correctly operating;
- (2) Immediately **stopped all dispensing of gasoline** at the facility and posted “Out of Service” signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Stage II System Responsible Official attesting to compliance status #1 #2

3. Stage II System Record Keeping

Are the following **records maintained on-site**, in a centralized location?

- a. All **Weekly Inspection Checklists** for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
 - b. **Compliance Testing Company Test Results** for all Stage II Compliance tests performed during the prior twelve-month period.
 - c. A copy of the currently applicable **MassDEP Stage II In-Use Compliance Certification**.
 - d. **Training Log of all persons trained** to perform weekly inspections of the Stage II System.
- Yes No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status #1 #2

