



Illinois Environmental Protection Agency

Bureau of Air • 1021 North Grand Avenue East • P.O. Box 19506 • Springfield • Illinois • 62794-9506

Instructions for Completing the Stage II Decommissioning Checklist

The **Stage II Decommissioning Checklist** form is to be completed by the retail or commercial gasoline dispensing facility (GDF) owner, operator, or their authorized representative and each of the licensed and registered contractors (as listed on the "Notice of Intent to Decommission Stage II Vapor Recovery Equipment" form previously submitted to the Illinois EPA) hired to perform the decommissioning work. This form, along with the requested test results, must be submitted to the Illinois EPA within thirty(30) days after the decommissioning of the Stage II equipment is completed at a GDF. All forms, instructions, and supporting documents, and links related to Stage II vapor recovery equipment decommissioning, can be found on the [Illinois EPA's main web page](#), in the right sidebar

1. Complete a separate Stage II Decommissioning Checklist form for each GDF at which decommissioning work has taken place.
2. In accordance with 35 Ill. Adm. Code 218.586, decommissioning of the Stage II equipment at a GDF can only occur from January 1, 2014 through December 31, 2016.
3. **Section 1: Gasoline Dispensing Facility Information:** The information in this section should match the same types of information requested in the previously submitted "Notice of Intent" form. The **Facility Name** and **Address** are to be the publicly identifiable name (e.g., Shell, Smith's BP, City of Huntertown) and physical location of the GDF (street address only, no P.O. Box). The **Owner Name** and **Address** must be the name of the corporation or person that actually owns the GDF (e.g., Jim Smith, Enterprise Oil Company). The **Operator Name**, if different than the owner, is the person or company that oversees the operation of the GDF (write "same" if the operator and owner are the same person or company). Also provide the name, phone, and email address for the **Owner/Operator Contact** person representing the owner or operator for the purpose of Stage II decommissioning. This is the person that the Illinois EPA will contact with any questions or for additional information. Include your **Office of the Illinois State Fire Marshal Facility Number** for this GDF in the space provided. If you do not know your facility's identification number, you may look it up on the [Office of the Illinois State Fire Marshal's website](#). Enter information about your facility to retrieve the **Office of the Illinois State Fire Marshal's Facility Number**.
4. **Section 2: Information and Certification of Contractors Performing Stage II Decommissioning:** Each of the registered and/or licensed contractors for work involving the Piping, Dispenser, and Testing (pressure decay and tie-tank tests) shall complete their respective sections. The valid **Office of the Illinois State Fire Marshal "Install/Retrofitting" and "Tank Tightness Testing" license numbers** and **Illinois Department of Agriculture Registered Repair Company identification number** for the 3A Gasoline Pump Meter registration shall also be recorded, as requested. The lead contractor or technician for each company must also certify to the preceding statement in this section by providing their signature, the date, and printing their name and title. If the same company is completing two or three of the contracting components, the lead person for that company needs to complete each of the contractor sections for which they are responsible.
5. **Section 3: Contractor Notes:** This section is reserved for any notes or messages that a contractor may want to convey to the Illinois EPA as part of this checklist.
6. **Section 4: Certification of Facility Owner or Operator:** The GDF owner, operator, or their authorized representative shall complete this section. Please sign and date the certification statement, and print your name, title, and company name in the space provided.

7. **Section 5: Decommissioning Checklist per PEI Requirements:** Each contractor shall complete their respective portions of this section by checking the boxes to the right in certifying that the referenced Petroleum Equipment Institute (PEI) guidance and procedures for Stage II decommissioning were followed ("Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle Fueling Sites," PEI/RP300-09). Note that the test results for both the pressure decay and tie-tank tests in 14.6.12 must be attached to this form and submitted to the Illinois EPA. If any of the procedures in the "decommissioning activity" lines are not applicable to this type of Stage II system, then check the Not Applicable (NA) box.

8. **Contact us:** For any questions not addressed in these instructions or in the materials posted on the website, you may call 217-557-1441 (leave a message if needed) or email us at epa.stage2@illinois.gov



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Stage II Decommissioning Checklist

You may complete this form online and save a copy locally before printing, signing and submitting it to the Illinois EPA as directed at the end of this form. If you choose to complete this form manually, please print clearly.

This form shall be used to document the procedures to decommission Stage II vapor recovery equipment and shall be submitted to the Illinois EPA within 30 days after decommissioning is completed. Be sure to read the above "Instructions for Completing the Stage II Decommissioning Checklist" before completing this form. For a complete description of all the decommissioning requirements and procedures, see 35 Ill. Adm. Code 218.586 and the Petroleum Equipment Institute's (PEI) "Recommended Practices for Installation and Testing of Vapor-Recovery Systems at Vehicle-Fueling Sites" (PEI/RP300-09) Section 14.6.

Section 1: Gasoline Dispensing Facility Information

Facility Name: Harvey Marathon

Address: 288 W 147th Street

City: Harvey Zip: 60426

Owner Name: Qasem Ahmed

Address: 288 W 147th Street

City: Harvey State: IL Zip: 60426

Operator Name: BP

Owner/Operator Contact: Qasem Ahmed Phone: 773-808-1314

Email Address: harveybpinc@gmail.com

Office of the Illinois State Fire Marshal Facility Number: 2008994

Date(s) of Decommissioning Stage II Equipment: 7/28/23

Section 2: Information and Certification of Contractors Performing Stage II Decommissioning

Piping Contractor: B&K Equipment Company (Company Name)

Address: 2939 175th Street

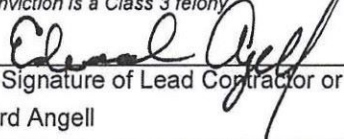
City: Lansing State: IL Zip: 60438 Phone: 708-474-3344

Office of the Illinois State Fire Marshal Install/Retrofitting license number: 1207

Illinois Department of Agriculture Registered Repair 4-digit company identification number: 0738

The undersigned hereby certifies that the statements contained herein are true, accurate and complete, and certifies that the decommissioning procedure performed by the above-specified company were in accordance with 35 Ill. Adm. Code 218.586 and PEI/RP 300-09, Section 14.6. By affixing his/her signature hereto the undersigned further certifies that he/she is authorized to execute this form.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony.

 7/28/23

Signature of Lead Contractor or Technician Date

Edward Angell Project Manager

Printed Name Title

Continued - Section 2: Information and Certification of Contractors Performing Stage II Decommissioning

Dispenser Contractor: B&K Equipment Company (Company Name)

Address: 2939 175th Street

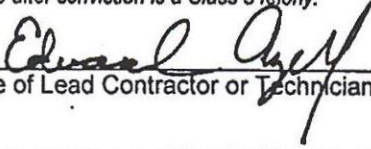
City: Lansing State: IL Zip: 60438 Phone: 708-474-3344

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	<u>7/28/23</u>
Signature of Lead Contractor or Technician	Date
<u>Ed Angell</u>	<u>Project Manager</u>
Printed Name	Title

Testing Contractor: _____ (Company Name)

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Office of the Illinois State Fire Marshal Tank Tightness license number: _____

The undersigned hereby certifies that the statements contained herein are true, accurate and complete, and certifies that the decommissioning procedure performed by the above-specified company were in accordance with 35 Ill. Adm. Code 218.586 and PEI/RP 300-09, Section 14.6. By affixing his/her signature hereto the undersigned further certifies that he/she is authorized to execute this form.

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_____ Signature of Lead Contractor or Technician	_____ Date
_____ Printed Name	_____ Title

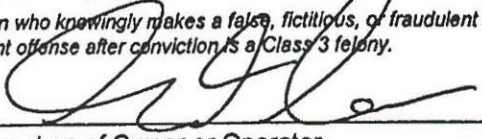
Section 3. Contractor Notes (this box will expand as needed if electronically filled out)

B & K Equipment did not do the original decommissioning for this site, but only checked the work completed by another contractor.

Section 4. Certification of Facility Owner or Operator

The undersigned hereby certifies that the statements contained herein are true, accurate and complete to the best of his/her knowledge, information, and belief. By affixing his/her signature hereto the undersigned further certifies that he/she is authorized to execute this form.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony.

	<u>9-18-2023</u>
Signature of Owner or Operator	Date
<u>Wasem Ahmed</u>	<u>President</u>
Printed Name	Title

Company: Harvey BP, inc

Section 5. Decommissioning Checklist per PEI Requirements

PEI/RP 300-09	Decommissioning Activity	Completed?
14.6.1	Initiate Safety Procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.2	Relieve pressure in the tank ullage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.3	Drain liquid-collection points	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.4 & 14.6.5	Disconnect all vapor pumping or processing units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.4	Disconnect all electrical components of the Stage II System so that no electrical hazards are created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.4	Reprogram the dispenser electronics to reflect that Stage II vapor recovery is no longer in service	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.7	Disconnect the vapor piping at the tank top and securely seal off the below-grade vapor piping at the tank end only if this procedure can be done without excavation. See PEI/RP 300-09 14.6.7 for more information.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
14.6.8	Securely seal the vapor piping inside the dispenser	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.9	Replace the Stage II hanging hardware with conventional hanging hardware	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.10	Install appropriate pressure/vacuum vent valve(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.11	Remove any Stage II instructions from the dispenser	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.12	Conduct and pass the pressure decay test and tie-tank test; attach test results at the end of this form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.13	Verify that the visible components of the storage system are left in a condition that will reliably prevent the release of any vapors or liquids from any component of the storage system	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
14.6.13	Restore the facility to operating status	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this form pursuant to 35 Ill. Adm. Code 218.586. This information shall be provided using this form. Failure to disclose the requisite information may result in the incomplete submittal of this form, failure to comply with 35 Ill. Adm. Code 218.586, and/or penalties being imposed as provided for in the Illinois Environmental Protection Act, 415 ILCS 5/42-45. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony.

The completed form and test results from Section 5, 14.6.12 shall be submitted using one of the following delivery methods:

- U.S. Postal Service mail:
Illinois EPA, Stage II Program #6, P.O. Box 19276, Springfield, IL 62794-9276
- Private Courier (e.g., UPS, Federal Express) or hand delivery:
Illinois EPA, Stage II Program #6, 1021 North Grand Avenue East, Springfield, IL 62702
- Email: epa.stage2@illinois.gov
- FAX: 217-557-2559 Be sure to include both sides of the forms if scanning or faxing

<p>FOR OFFICE USE ONLY</p> <p>Illinois Environmental Protection Agency</p> <p>Date Received:</p>
