



State of Illinois
Environmental Protection Agency
Commerce and Economic Opportunity

Stage I & II Vapor Recovery

Record Keeping Workbook 2012/2014

- Know the Law
- Use Certified Equipment
- Reduce Air Pollution
- Stay in Compliance



Illinois Small Business Environmental Assistance Program

About SBEAP

The Illinois Small Business Environmental Assistance Program (SBEAP) has been offering free and confidential environmental compliance assistance to Illinois businesses since 1993. The SBEAP focuses specifically on air quality technical issues and was created in response to the Clean Air Act of 1990. The goal of the program is to assist small businesses with the interpretation of complex air quality regulations and help them achieve and maintain compliance. The Department of Commerce and Economic Opportunity, Small Business Office operates the program in collaboration with the Illinois Environmental Protection Agency to meet provisions of Section 507 of the Clean Air Act Amendments of 1990.

Our Services

SBEAP deals with all business-related outdoor air quality issues. We provide a toll-free helpline with free and confidential answers to all types of environmental questions, in addition to identifying the types of air permits required for your business operations. We assist with the complex air permitting process and can provide tools to help your business stay in compliance, such as educational workshops and recordkeeping systems.

How to Contact Us

Illinois Small Business Environmental Assistance Program

Illinois Department of Commerce and Economic Opportunity

500 East Monroe Street
Springfield, Illinois 62701
Phone: (800) 252-3998
Fax: (217) 557-2853
www.ienconnect.com/enviro
dceo.sbeap@illinois.gov



Illinois Department of Commerce & Economic Opportunity

Pat Quinn, Governor

What Regulations Apply and What Do I have To Do?

Please note that there are both Illinois and new federal regulations for gas stations. The following table is a brief summary of the **NEW** federal National Emission Standards for Hazardous Air Pollutants (NESHAP) and of the existing Illinois regulations. For more detailed information on these rules, please see the fact sheets for both rules in this workbook.

IF	AND	THEN
<p>Your AMT is greater than 0 gallons</p> <p><i>And</i></p> <p>Your storage tank capacity is greater than 575 gallons or 2,000 gallons if built and operated prior to January 1, 1979</p>	<p>Your station is located in the following counties in Illinois:</p> <p>A) Madison, St. Clair, Monroe, Cook, DuPage, Kane, Lake, McHenry, Will, Oswego Township in Kendall, and Goose Lake and Aux Sable Townships in Grundy</p> <p>B) Boone, Peoria, Rock Island, Tazwell, and Winnebago</p>	<p>A) You are required to follow the more stringent Illinois Stage I vapor recovery system requirements, which include the use of pressure/vacuum relief valves. Also—based on your ATM you are subject to federal NESHAP requirements. (See the federal Fact Sheet)</p> <p>B) You are required to follow only the minimum requirements for Illinois Stage I Vapor Recovery program. Pressure/vacuum relief valves are not required unless subject to the Federal NESHAP requirements for those with an average throughput over 100,000 gallons per month.</p>
<p>Your Average Monthly Throughput (AMT) is less than 10,000 gallons</p> <p><i>And</i></p> <p>Your storage tank is less than 575 gallons in capacity.</p>	<p>Your station is located anywhere in the State of Illinois.</p>	<p>Illinois Stage I & Stage II Vapor Recovery regulatory requirements do not apply.</p> <p>However, all Station Owners/Operators are required to maintain adequate records of average monthly throughputs and furnish these records to Illinois EPA or USEPA upon request.</p>
<p>Your AMT is 10,000 gallons or more</p> <p><i>And</i></p> <p>Your storage tank capacity is greater than:</p> <p>A) 250 gallons</p> <p>B) 575 gallons</p>	<p>A) Your station is located anywhere in Illinois</p> <p>B) Your station is located in the following counties in Illinois:</p> <p>Cook, DuPage, Kane, Lake, McHenry, Will, Oswego Township in Kendall, and Goose Lake and Aux Sable Townships in Grundy</p>	<p>A) You are required to have submerged fill and must follow federal NESHAP requirements. (See the federal Fact Sheet)</p> <p>B) You are required to follow Illinois Stage I and Stage II Vapor Recovery requirements and the federal requirements described above in (A). (See the Stage I Fact Sheet and Stage II Fact Sheet)</p>
<p>Your AMT is greater than 100,000 gallons</p>	<p>Your station is located anywhere in the State of Illinois.</p>	<p>You are required to have submerged fill and must follow federal NESHAP requirements. (See the federal Fact Sheet)</p>

Table 1, Revised in 2011

National Air Toxic Standards for Gasoline Dispensing Facilities (GDF) (40 CFR 63, Subpart CCCCCC)¹

Monthly Throughput	Requirements: (Must be in compliance by 1/10/2011 for existing GDF, and upon startup ² for new GDF) ⁴	Reporting
< 10,000 gallons	<ol style="list-style-type: none"> 1. Minimize spills. 2. Clean up spills expeditiously. 3. Cover gasoline containers & storage tank fill pipes with gasketed seal. 4. Minimize gasoline sent to open collection systems. 	None, however must be able to demonstrate, within 24 hours of request, throughput is below 10,000 gallons per month.
≥ 10,000 gallons	<p>All of the above, plus:</p> <ol style="list-style-type: none"> 5. For storage tanks ≥ 250 gallons capacity, load storage tank using submerged fill with discharge that is no more than the following from the bottom of tank: <ol style="list-style-type: none"> a) 12 inches for pipes installed on or before 11/9/2006 b) 6 inches for pipes installed after 11/9/2006. <p>All of the above, plus one of the below:</p> <ol style="list-style-type: none"> 6. Operate a vapor balance system installed prior to 1/10/08, that meets an enforceable State, local, or tribal rule or permit that requires, either <ol style="list-style-type: none"> a) Achieves an emission reduction of at least 90%, or b) Operates meeting the management practices specified below (#7). 	<ol style="list-style-type: none"> 1. Initial Notification by 5/9/08 for existing GDF, and within 15 days for new or reconstructed GDF³ 2. Compliance status by 3/11/2011. (based upon rule revisions of 1/24/2011) 3. Malfunction report by March 15th of each year there is a malfunction.
≥ 100,000 gallons	<ol style="list-style-type: none"> 7. Operate vapor balance system during storage tank loadings using the following management practices. <ol style="list-style-type: none"> a) Equip connections & lines with seal closures b) Vapor tight line from storage tank to cargo tank c) Cargo Tank pressure remains below specified settings d) Designed to prevent over tight/loose fittings e) Gauge well provided with submerged drop tube extending specified distance (see item 5) from tank bottom f) Use vapor tight caps for liquid fill connections g) Install pressure/vacuum vent valves on tank vent pipes at specified setting, and test initially and every 3 years h) Vapor balance system must meet static pressure test initially and every 3 years i) Dual-point (no coaxial) vapor balance systems for new GDF or tanks constructed after 11/9/2006 at existing GDF, and reconstructed GDF 8. Vapor balance system demonstrated to achieve a reduction of 95% or better. 	<p>Same as 1, 2 & 3 above, plus:</p> <ol style="list-style-type: none"> 4. Keep records, report, and test as specified in enforceable conditions. <p>Same as 1, 2 & 3 above, plus:</p> <ol style="list-style-type: none"> 5. Keep record of initial and every three year pressure tests. <p>Same as 1, 2, 3 & 5 above, plus:</p> <ol style="list-style-type: none"> 6. Test notification 60 days before test and test results 180 days after testing.

1. This is a summary table; compliance will only be determined by compliance with actual rule text in 40 CFR 63, subpart CCCCCC.

2. New and reconstructed GDF constructed after 11/9/2006 must be in compliance upon startup or 1/10/2008, whichever is later.

3. In some cases, Initial Notification and Notification of Compliance Status are not required if submerged fill and/or vapor balance system was installed prior to 1/10/08 and meets certain prior enforceable conditions (see 63.11124(a)(3) and (b)(3)). Initial Notifications for GDF's that dispense gasoline into fuel tanks other than those in motor vehicles and are subject to control requirements are due May 24, 2011 based upon the 1/24/2011 revisions to the NESHAP.

4. Existing GDF's that load gasoline into fuel tanks other than those in motor vehicles must comply by 1/24/2014. Sources of this kind that were new or reconstructed between 12/15/2009 and 1/24/2011 must comply with the rule by 1/24/2011; if startup was after 1/24/2011 the source must comply upon startup.

ALERT! New Rule Amendments in 2011

Summary of Federal Regulatory Requirements for Gas Dispensing Facilities

The United States Environmental Protection Agency (USEPA) adopted new requirements for gasoline dispensing facilities (GDF) on January 10, 2008 and revised on January 24, 2011.. The federal rule is an additional requirement that is separate from the Stage I

and Stage II vapor recovery requirements in Illinois. Unlike the Illinois regulations, the federal rule applies to all dispensing stations, including fueling of non-road engines and non-road vehicles, in Illinois based on your Average Monthly Throughput (AMT).

GASOLINE DISPENSING FACILITIES (GDF) (SUBPART CCCCCC)

What Is an Area Source?

- Any source that is not a major source. (A major source is a facility that emits, or has the potential to emit in the absence of controls, at least 10 tons per year (TPY) of individual hazardous air pollutants (HAP) or 25 TPY of combined HAP.)

Who Does This Rule Apply To?

- This rule applies to existing or new gasoline dispensing facilities (GDF) that are area sources. The affected source includes each gasoline cargo tank during the delivery of product to a GDF and also includes each storage tank.

What Am I Required To Do?

- Meet requirements in subpart CCCCCC depending on the GDF's monthly gasoline throughput. (See Table 1.)

How Do I Calculate Monthly Throughput?

- Sum the total volume of gasoline loaded into or dispensed from all gasoline storage tanks at each GDF during the current day, plus the total volume of gasoline loaded into or dispensed from all gasoline storage tanks at each GDF during the previous 364 days, and then dividing that sum by 12 equals your monthly throughput.

Compliance Demonstration

- Some owners or operators, depending on what vapor balance option is met, must determine, at the time of installation and every 3 years thereafter, the leak rate and cracking pressure of pressure-vacuum vent valves installed on gasoline storage tanks. Some owners or operators, depending on what vapor balance option is met, must also conduct a static pressure test on gasoline storage tanks.
- Owners or operators of GDF using the vapor balance option (**number 8 in Table 1**) must demonstrate initial compliance by conducting an initial performance test to demonstrate that the vapor balance system achieves 95 percent reduction.
- All GDF's must at all times operate and maintain equipment in a manner consistent with good safety and air pollution control practices.

What Is The Compliance Date?

- New Sources (affected sources constructed since November 9, 2006): January 10, 2008 or upon startup if startup occurs after January 10, 2008.
- Existing Sources: January 10, 2011.

GDF's that load gasoline into fuel tanks other than motor vehicles

- Existing January 24, 2014
- New January 24, 2011 or upon startup

What Are The Permitting Requirements?

- Owners and operators of GDF are not required to obtain title V permits because of being subject to this rule; however, if a source is otherwise required to obtain a title V permit (applicability criteria found in 40 CFR 70.3(a) and (b) or 40 CFR 71.3(a) and (b)), the source must apply for and obtain a title V permit.

What Records Are Required?

REPORTING:

- Reporting requirements for owners and operators of GDF are limited in most cases to the Initial Notification, Notification of Compliance Status and Malfunction Reports. **As shown in Table 1** and footnote 3, those GDF currently operating submerged fill or submerged fill plus vapor balancing equipment that comply with an enforceable State, local, or tribal rule and which include the specified requirements, are not required to submit these notifications. **See Table 1** for reporting requirements based on the GDF's monthly gasoline throughput.

RECORDKEEPING:

- Monthly throughput records.
- Keep records of initial and every three year pressure test(s) for certain vapor balancing systems.
- Records must be kept for a period of 5 years.

For more information:

Illinois Small Business Environmental Assistance Program
Illinois Department of Commerce and Economic Opportunity
500 East Monroe Street • Springfield, IL 62701
Phone: 800/252-3998 • Fax: 217/557-2853

www.iencconnect.com/enviro

dceo.sbeap@illinois.gov

You can also contact your Regional EPA air toxics office at the following numbers:

Region 5
77 West Jackson Blvd. • Chicago, IL 60604-3507

www.epa.gov/region5

(312) 886-6812 • (312) 353-6684 • (312) 886-6798

State of Illinois Stage I Vapor Recovery System

Stage I Vapor Control System Requirements:

Regulation Citation: Section 215.583, Section 218.583 and Section 219.583 of the 35 Illinois Administrative Code

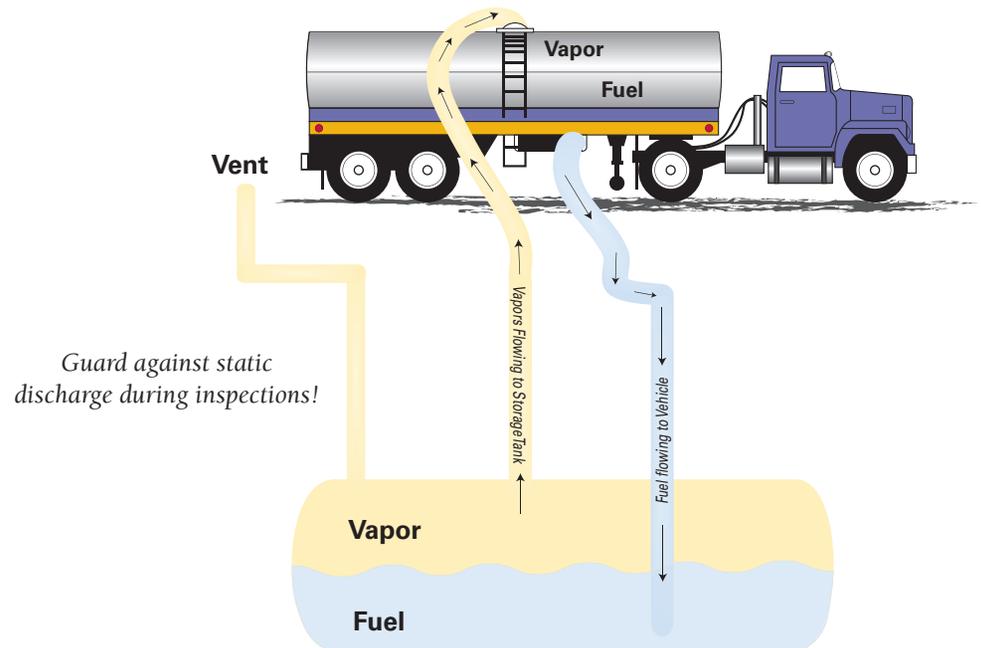
1. No gasoline from any delivery truck can be transferred into a stationary storage tank unless the tank is equipped with a vapor control system. The vapor control system must be able to remove, destroy, or prevent 90% (by weight) of any discharge of gasoline vapors (volatile organic compound emissions).
2. Before gasoline can be transferred from a delivery truck to the tank the owner must ensure that the vapor control system consists of:
 - A. A submerged fill (loading) pipe.
 - B. A vapor recovery system that includes:
 1. A vapor tight return line from the storage tank to the delivery truck must be tightly connected before gasoline is transferred from the truck to the tank.
 2. Any adsorption or condensation system that is approved by the Illinois EPA and USEPA.
 3. A reading equal to or less than 100 percent of the lower explosive limit (LEL measured as propane) when tested in accordance with the procedure described in EPA 450/2-78-051 Appendix B.
 - C. The vapor balancing system must meet the following requirements:
 1. **NO LEAKS** during loading or unloading in the tank truck's pressure vacuum relief valves and hatch covers, the truck tank, the storage tank, or vapor return lines.
 2. Pressure Vacuum Relief Valves: Due to changes in technology and adoption of more flexible range limit specifications imposed by the Federal NESHAP regulations, the pressure vacuum relief valves shall have a positive setting of 2.5 to 6.0 inches of water and negative pressure setting of 6.0 to 10.0 inches of water. The total leak rate of all pv relief valves at an affected facility, including connections, shall not exceed 0.17 cubic foot per hour at a pressure of 2.0 inches of water and 0.63 cubic foot per hour at a vacuum of 4 inches of water.
 3. Pressure in the vapor collection lines should not exceed the delivery truck pressure relief valve settings.
 - D. If subject to 218.583 or 219.583, you must measure and record the pressure and vacuum readings on the pressure/vacuum relief valve fitted for each tank vent pipe. This measure has to be recorded once annually and records must be maintained on site for 3 years.

Recommended Daily Check List for Stage I Control Systems:

- ⇒ **Spill buckets clean and dry**
Check to make sure no liquid or solid debris is settling or floating in the spill bucket. If present, remove it immediately.
- ⇒ **Caps locked on with gaskets in place**
Make sure that the locking caps on the fill and vapor tubes are locked in place and that the gasket is in place and secure.
- ⇒ **Fill tube not damaged, bent or loose**
Make sure the UST fittings on the product fill tubes and vapor tubes are secure in place without any sign of damage or leaks.
- ⇒ **Pressure Vacuum (PV) Valves installed, not damaged**
 - Visually inspect PV Valves to see if product vapors are escaping from the vent tubes.
 - Make sure pipes are not bent or damaged, or obstructed by any objects.

Please **DO NOT SMOKE** during daily inspections!

Stage I Vapor Recovery System



State of Illinois Stage II Vapor Recovery System

Stage II Vapor Control System Requirements:

Regulation Citation: Section 218.586 of the 35 IAC

1. Gasoline stations located in the Chicago Nonattainment Area and subject to Stage II Vapor Recovery regulations shall not pump any gasoline into a gas tank of any motor vehicle unless the transfer is made using a certified Stage II Vapor Recovery System. The Vapor Recovery System must be able to remove, destroy, or prevent discharge of at least 95% (by weight) of all gasoline vapors (volatile organic compound emissions).
2. **All Stage II Vapor Recovery Systems must be California Air Resources Board approved** as described in Section 218.586(a)(2) of the 35 IAC. Instructions for operation must be visible on the pumps.
3. **The Illinois EPA requires Stage II Vapor Recovery Systems that use coaxial hoses and vapor check valves in the nozzle or remote vapor check valves to be certified by the CARB.** A list of approved systems is listed in the appropriate CARB Executive Orders issued by the CARB.

Registration:

A facility owner will register the Stage II System with the Illinois EPA **within 30 days** after the installation of the equipment. The Stage II Registration form must be completely filled out and submitted to Illinois EPA.

Note: Facilities must resubmit the registration form within 30 days of the completion of modifications to the vapor collection & control system. The new registration should detail changes to the information previously provided and include the owner's signature.

Testing:

1. To ensure the proper functioning of the automatic shut-off mechanisms and flow prohibiting mechanisms, if applicable, the facility must conduct the following tests prior to initial operation of the system and before use by the public:
 - a. Pressure Decay/Leak Test.
 - b. Liquid Blockage Test.
 - c. Dynamic Backpressure Test.
2. **Annual Retesting specified in the CARB Executive Orders for assisted systems is recommended but not required.**

Training:

At least **one full time** facility employee must be trained and certified in the operation and maintenance of Stage II Vapor Recovery Systems. A certified employee shall train other employees and records should be maintained of all employee names that have been trained. A record of training must be available to inspectors at all times. (**For your convenience a "Record of Staff Training" form is in the back of the workbook.**)

Certified training shall include the following:

- the purpose of the vapor recovery system
- the equipment operation
- the maintenance schedules for the equipment
- how to perform daily inspections
- how to record and maintain Stage II Systems information and records.

Illinois Approved Trainers include:

JMM Management Group, LLC
2496 Technology Drive
Elgin, IL 60123
847/888-0276 www.jmmgmt.com

ECS, Inc.
720-L Lakeview Plaza Blvd.
Worthington, OH 43085
614/433-0170 www.ecsconsult.com

B & K Equipment Company
2939 175th Street
Lansing, IL 60438-1590
708/474-3344

Tanknology
8900 Shoal Creek Blvd., Building 200
Austin, TX 78757
800-/964-1270

Delta Environmental Consultants, Inc
84 Business Park Dr.
Armonk, NY 10504
800/477-7411

BP Products North America, Inc
4 Centerpointe Dr.
LaPalma, CA 90623
630/388-4158 or
630/388-4222

Thornton Oil Corporation
10101 Linn Station Rd., Suite 200
Louisville, KY 40223
502/425-8022

Emro/Speedway SuperAmerica
501 W High Street
P.O. Box 1500
Springfield, OH 45501
937/863-7034

Meijer, Inc
2929 Walker Ave. NW
Grand Rapids, MI 49544
616/791-3390

State of Illinois Stage II Vapor Recovery System

Requirements: Training: Inspections:

Perform a daily inspection of Stage II equipment (hanging hardware) on the dispensers. Daily inspections include a visual check of the condition of the nozzles and hoses and proper function of the cutoff mechanisms. Other checks include:

- a. A vapor return line inside the coaxial hose that is crimped, flattened, blocked, or that has a hole or slit. Inspect breakaways and swivels.
- b. A nozzle bellows that has a hole larger than 1/4" or a slit larger than 1". (if applicable).
- c. A nozzle faceplate or facecone that is torn or missing more than 25% of its surface. (if applicable).
- d. A nozzle without an automatic overfill control mechanism or one that is not operating properly.
- e. A broken or malfunctioning vapor processing unit; defects of the process unit include:
 1. Leaking return line
 2. Intermittent process interruptions
 3. Low vapor pressure in the return to tank line
 4. Inoperable Stage I control, e.g., pressure vacuum relief valve.

Record Keeping:

The following ****records must be kept at this facility at all times.**

1. **Stage II Registration Form** - Required to be submitted to the Illinois EPA when your Stage II Vapor Recovery system was installed. The following information includes facility's name, address, phone number, required signatures, CARB number, and nozzle information. Once the Illinois EPA receives, reviews, and accepts the completed Stage II Registration form, a blue Stage II Registration certificate will be issued. Alternatively, in lieu of the Stage II registration certificate, the Illinois EPA does accept a completed and approved Stage II registration form as a substitute. *If the form was not submitted, COMPLETE and return the form to the Illinois EPA immediately. A Blank copy can be found in the back of the workbook.*

2. **Stage I and Stage II Training Certificate** - Keep on file a verification of employee training, such as a certificate of attendance and training from a certified training program or certified instructor. Also maintain a list of employees who were trained by the certified employee; a training record is included in this workbook for your convenience.
3. **Maintenance and Malfunction Logs** - Record the results of the maintenance inspections. In addition, record any malfunctions conducted on any part of the Stage II Vapor Recovery System. This malfunction record should include a general part description and the date repaired or replaced. A Maintenance & Malfunction log for each month is included in this workbook for your convenience. **Keep all Maintenance records for at least three years.**
4. **Test Results** - A copy of the most recent test result for the Stage II Vapor Recovery System must be kept on site. The tests may include, but are not limited to: Pressure Decay/Leak; Dynamic Backpressure; Liquid Blockage/Wet; Healy Line Vacuum Test; and Air to Liquid.

(All records, or a copy, must be kept on site and current. Facility employees must be aware of these requirements and know the location of the records.)

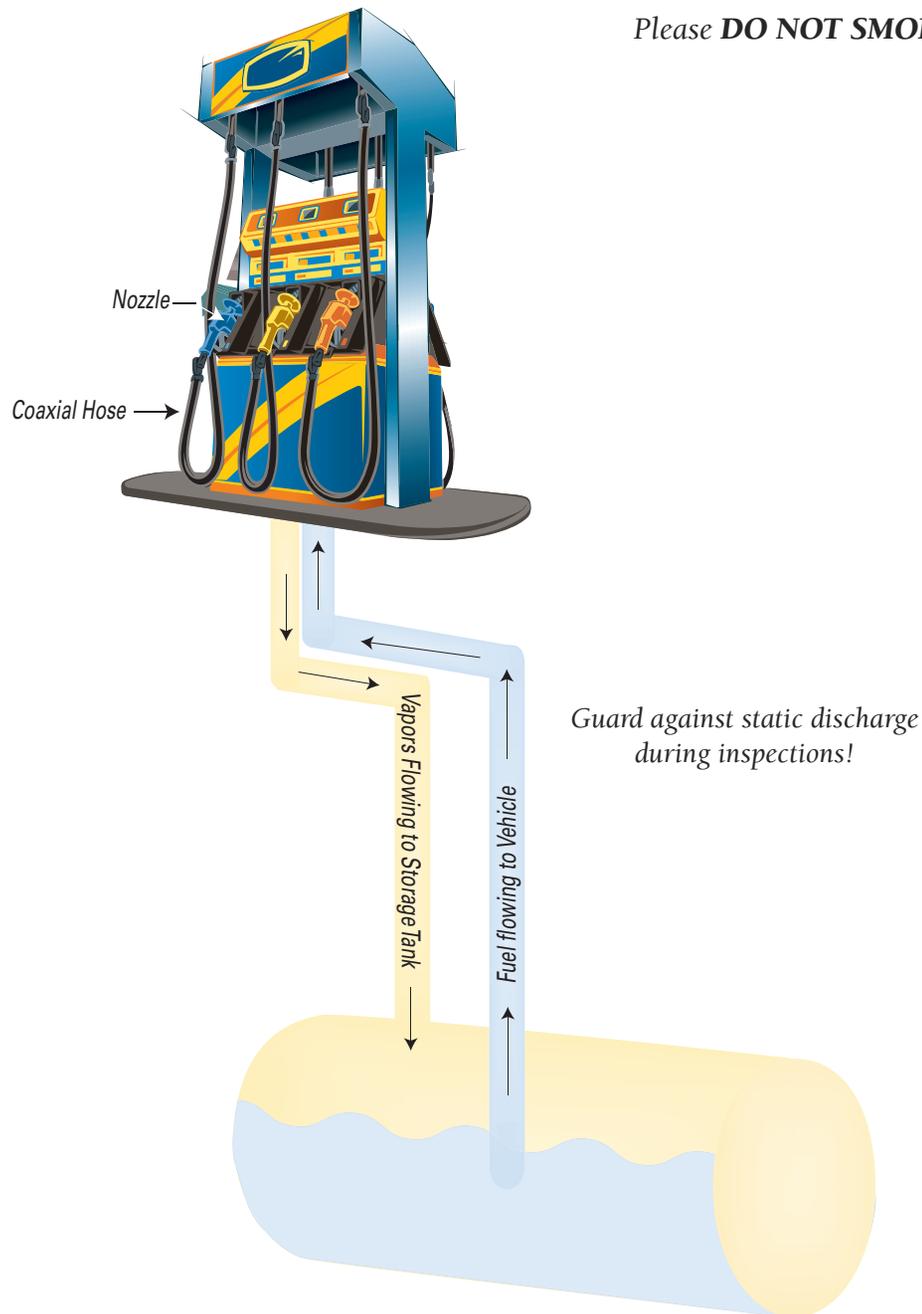
Permits:

The City of Chicago also requires a permit for installation of Stage II Vapor Recovery Equipment. For more information contact: The City of Chicago Department of Public Health, 333 S. Street, 2nd Floor Street, Chicago, IL 60602 Phone: 312/747-9884.

(A copy of the permit application is included in the back of the workbook for your convenience.)

State of Illinois Recommended Daily Inspection Check List for Stage II Dispensers

Please **DO NOT SMOKE** during daily inspections!



Pumps

- No signs of vapor or liquid leaks, and approved operating and warning labels are present and visible.

Nozzles:

- Spouts not bent/worn, loose, or leaking
- Vapor Recovery holes clear and unblocked (if applicable)
- Auto shutoff operates correctly
- Nozzle vapor guard if required by your system

Miniboots (If applicable):

- no rips or tears greater than 1/4 "
- secure and tight

Bellows: (if applicable)

- No rips, tears, or loose from nozzle, and faceplate not torn

Hoses:

- No kinks, flat spots, tears, or cuts

Breakaways:

- Secure and tight, with no signs of leaks

Swivels:

- Firmly attached and moves freely and no signs of leaks

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS (balance type only)	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE (balance type only)			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD OCTOBER 2012 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD NOVEMBER 2012 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name

Signature

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OCTOBER 2012 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	DECEMBER 2012 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
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DAYLIGHT SAVINGS TIME ENDS

VETERAN'S DAY

THANKSGIVING DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

November 2012

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD DECEMBER 2012 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
NOVEMBER 2012 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	JANUARY 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	HANUKKAH BEGINS	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	
HANUKKAH ENDS	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	WINTER BEGINS	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
23/30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	CHRISTMAS DAY	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	KWANZAA BEGINS	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

December 2012

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD JANUARY 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD FEBRUARY 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____



Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JANUARY 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	MARCH 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____		

LINCOLN'S BIRTHDAY

VALENTINE'S DAY

PRESIDENT'S DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

February 2013

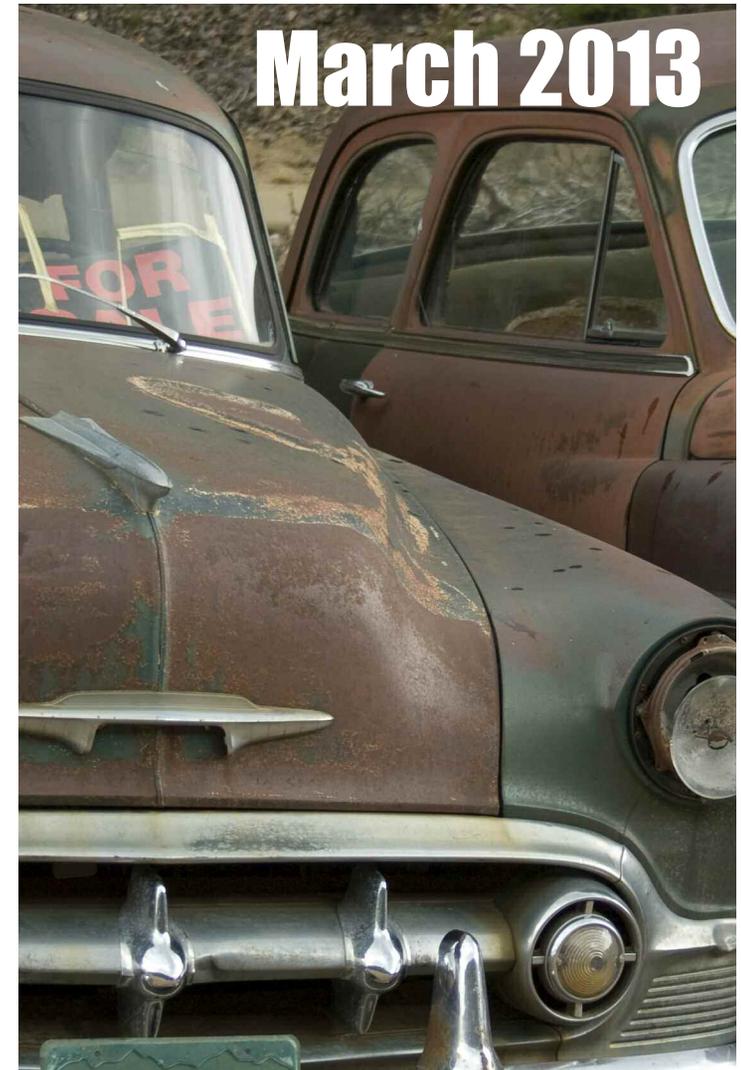
Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD MARCH 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FEBRUARY 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	APRIL 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		Attention: If you experienced malfunctions in the last year, you must file a malfunction report by March 15. Visit www.ienconnect.com/enviro for a Malfunction Report Form .		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 Malfunction Reports Due for the year. <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
24/31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

March 2013

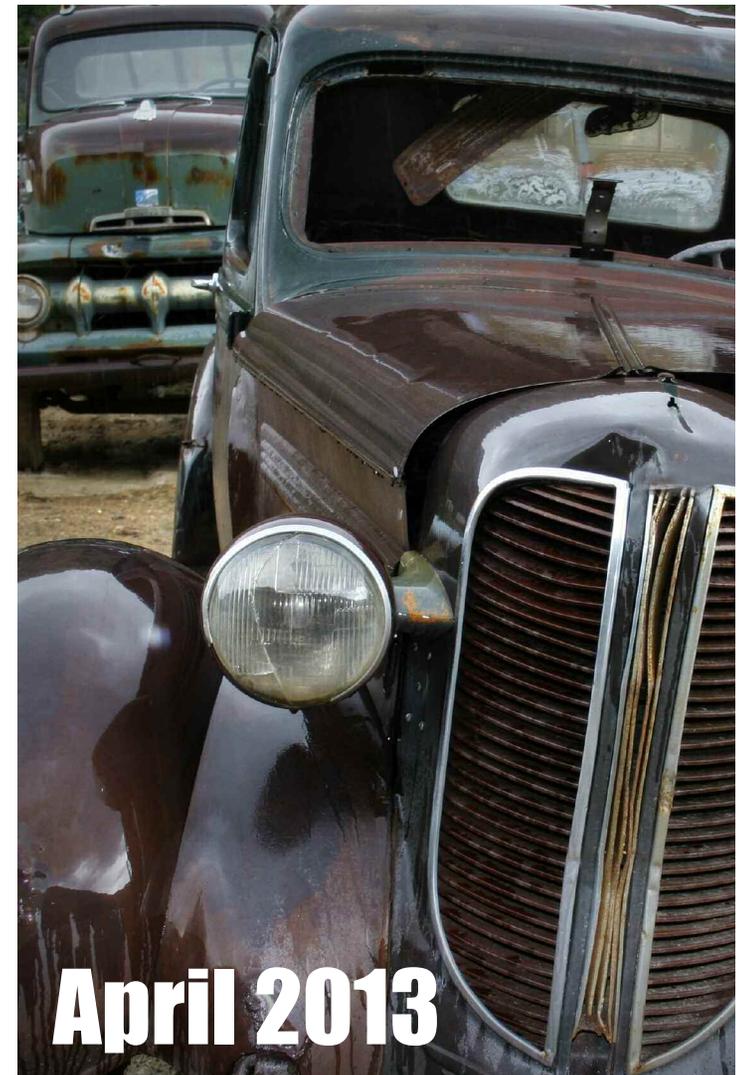
Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD APRIL 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD MAY 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
APRIL 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	JUNE 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	CINCO DE MAYO 6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	MOTHER'S DAY 13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	MEMORIAL DAY 28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

May 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD JUNE 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name

Signature



June 2013

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MAY 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	JULY 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	FLAG DAY 15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	FATHER'S DAY 17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	SUMMER BEGINS 22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
23/30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

June 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD JULY 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name

Signature

Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																											
	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	INDEPENDENCE DAY	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____																																																																																										
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

July 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD AUGUST 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

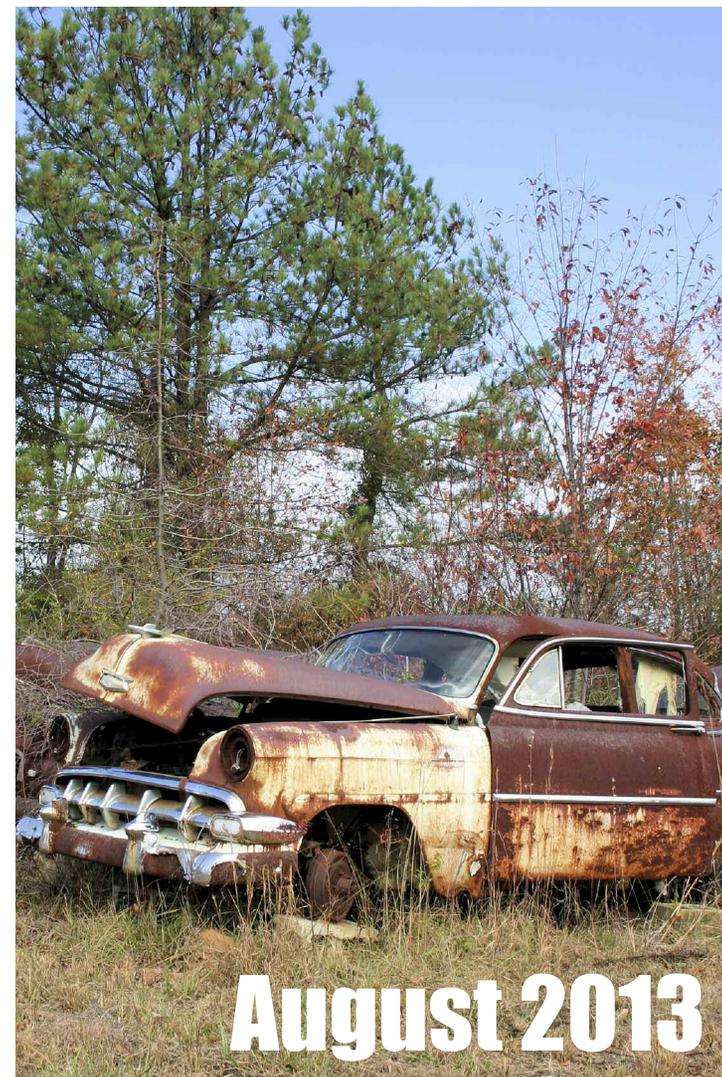
I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
July 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	SEPTEMBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30			1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

August 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	Y N	Y N	Y N
– No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
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– Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTS			
– No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
– No visible tears or leaks	Y N	Y N	Y N
RECORD SEPTEMBER 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY																																																																																					
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LABOR DAY

ROSH HASHANNA

FALL BEGINS

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

September 2013

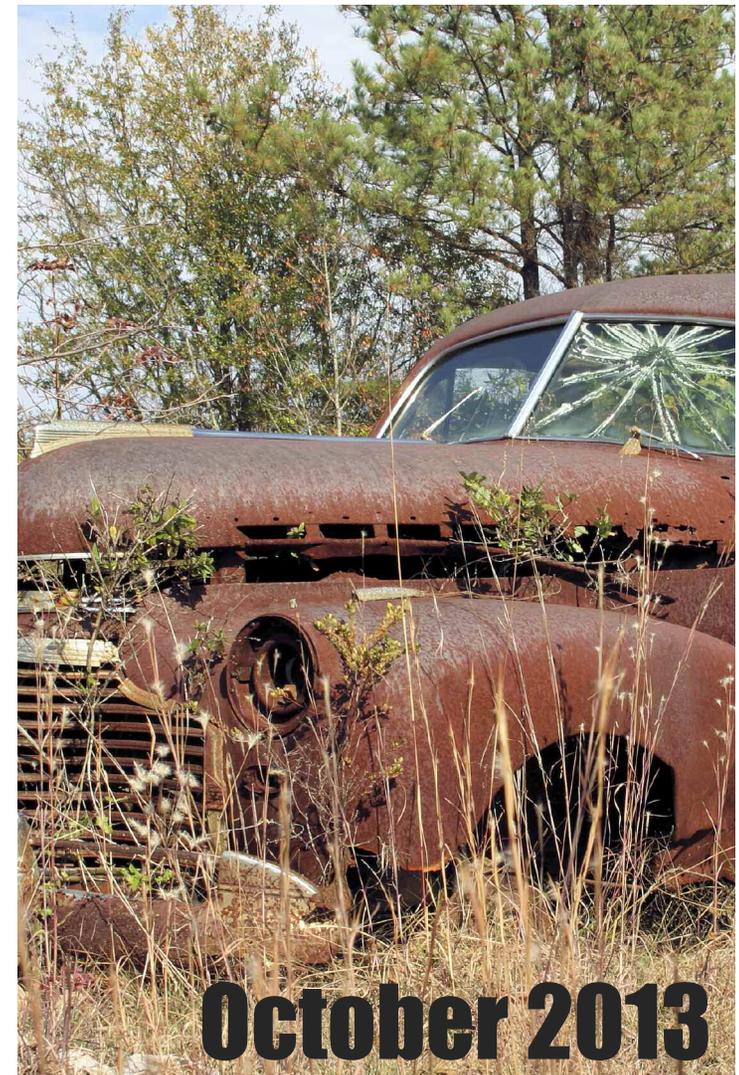
Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	Y N	Y N	Y N
– No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
– Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
– No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
– No visible tears or leaks	Y N	Y N	Y N
RECORD OCTOBER 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			



I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SEPTEMBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	NOVEMBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
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Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

October 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD NOVEMBER 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

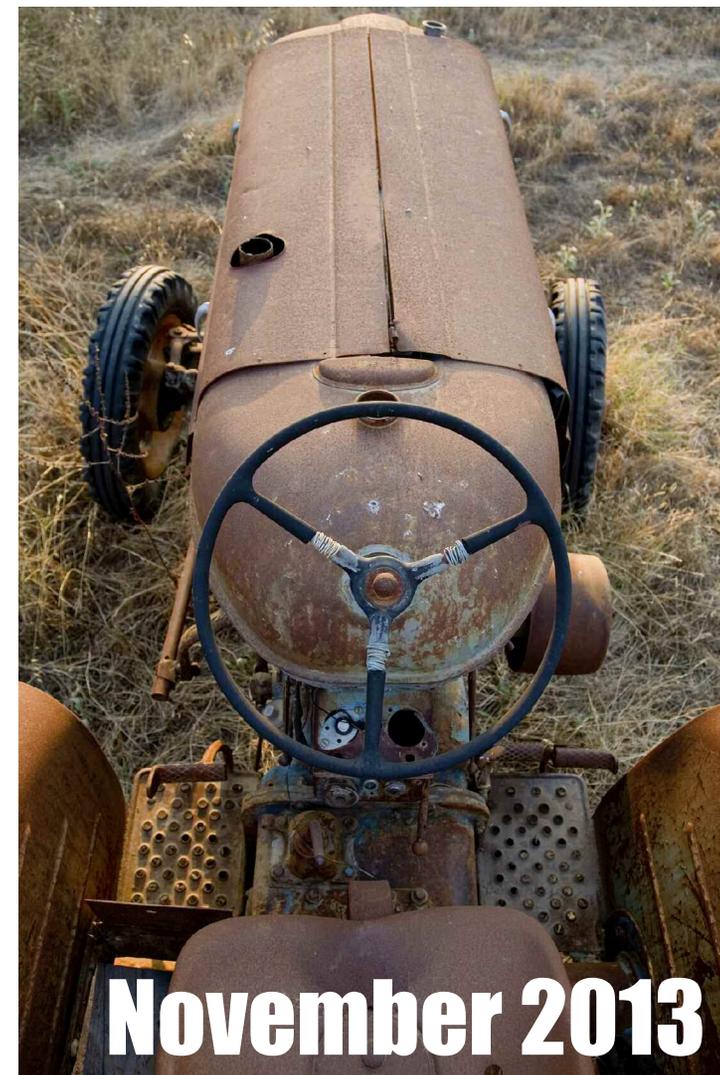
I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



November 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OCTOBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	DECEMBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____

DAYLIGHT SAVINGS TIME ENDS

VETERANS' DAY

HANUKKAH BEGINS
THANKSGIVING DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

November 2013

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM – Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM – Gasoline Dispensing Equipment			
HOSE (S)			
– Hose proper length	Y N	Y N	Y N
– No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
– No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
– Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTS			
– No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
– No visible tears or leaks	Y N	Y N	Y N
RECORD DECEMBER 2013 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



December 2013



Time to order your 2014/15 Replacement Workbook

Please Complete, Detach and Mail or Fax this Order Form to:

Stage I/II Vapor Recovery Recordkeeping Workbook

Illinois Small Business Environmental Assistance Program

500 East Monroe Street

Springfield, Illinois 62701

Or Order Online: www.ienconnect.com/enviro

Or Fax: 217/557-2853

Or make your request by phone:

800/252-3998, if out-of-state call 217/785-6192

(TTY: 800/785-6055)

Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____

E-mail Address _____

Number of Workbooks Requested _____

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOT			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD JANUARY 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

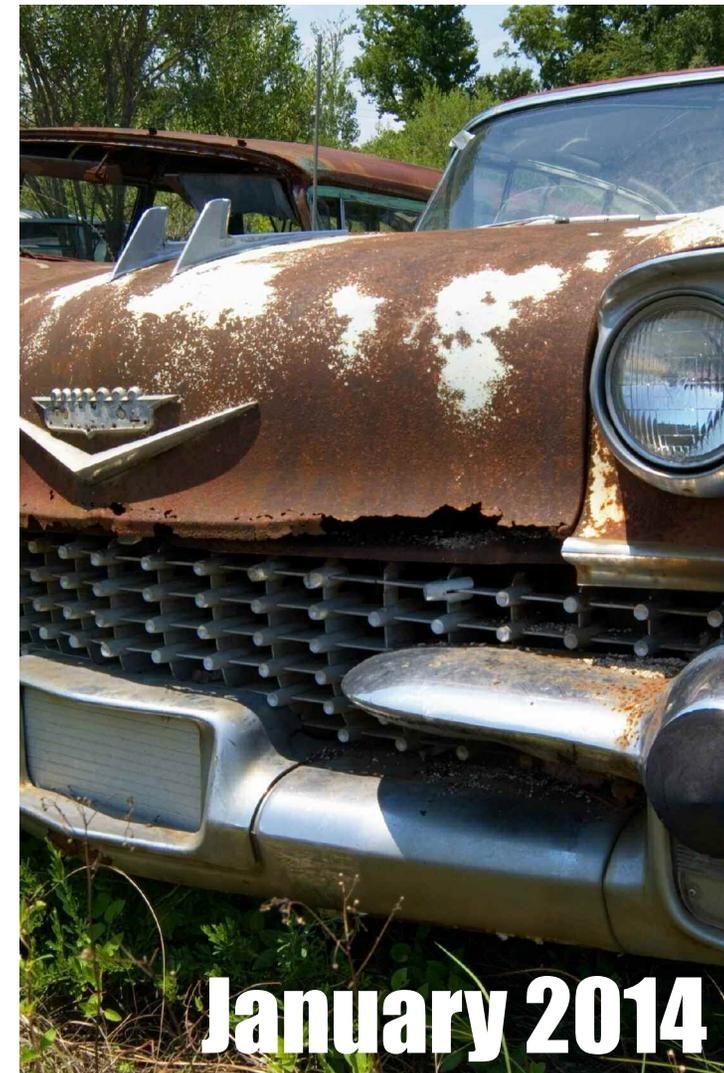
I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____

Stage I and Stage II System Maintenance and Malfunction Records

Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DECEMBER 2013 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	FEBRUARY 2014 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28		1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____ KWANZAA ENDS NEW YEAR'S DAY	2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____ MARTIN LUTHER KING, JR. DAY	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	29 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	30 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	31 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?

Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

January 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

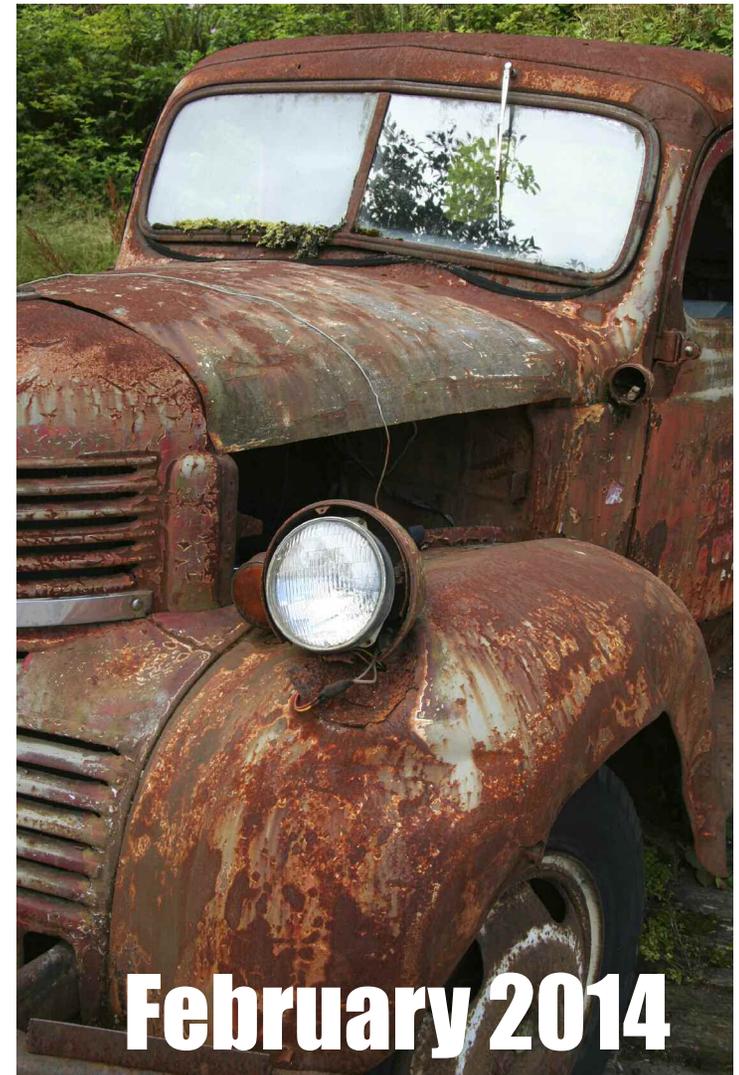
Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOT			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD FEBRUARY 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name _____

Signature _____



Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JANUARY 2014 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	MARCH 2014 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					1 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
2 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	3 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	4 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	5 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	6 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	7 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	8 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
9 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	10 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	11 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	12 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	13 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	14 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	15 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
16 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	17 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	18 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	19 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	20 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	21 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	22 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____
23 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	24 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	25 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	26 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	27 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	28 <input type="checkbox"/> Ok <input type="checkbox"/> Problem see above Inspected by _____	

LINCOLN'S BIRTHDAY

VALENTINE'S DAY

PRESIDENT'S DAY

Have You Performed Your Annual Testing of Pressure/Vacuum Relief Valve(s)?
 Report results for each P/V Relief Valve tested on each vent pipe here:

Note: The rule now requires that, if monthly throughput ever exceeds an applicable threshold, then the facility remains subject to the requirements for that threshold even if throughput later falls below that level.

February 2014

Stage I/II Vapor Recovery Recordkeeping Workbook

Is the completed & approved Stage II Registration Certificate or Form current? YES NO (circle one)

Is the Training Certificate up to date for a current employee? YES NO (circle one)

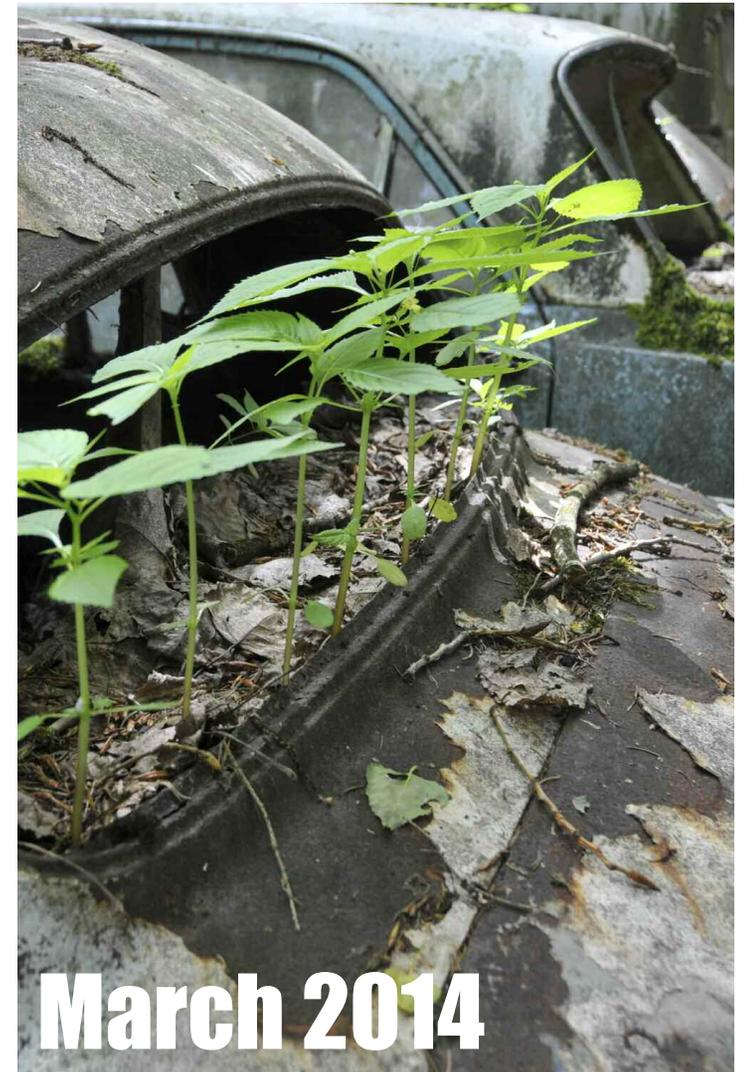
Do you have a copy of your most recent test results on site? YES NO (circle one)

INSPECTION POINT	INSPECTED?	REPAIR?	REPAIR LOGGED ON MAINTENANCE RECORD
STAGE I VAPOR CONTROL SYSTEM - Underground Storage Tanks			
Spill Containment Buckets Clean and Dry	Y N	Y N	Y N
Caps locked on with gaskets in place	Y N	Y N	Y N
Fill tube/adaptor not damaged or loose	Y N	Y N	Y N
Pressure Vacuum Vent installed, not damaged	Y N	Y N	Y N
STAGE II VAPOR RECOVERY SYSTEM - Gasoline Dispensing Equipment			
HOSE (S)			
- Hose proper length	Y N	Y N	Y N
- No kinks, flat spots, tears, or cuts	Y N	Y N	Y N
NOZZLE BELLOWS	Y N NA	Y N NA	Y N NA
NOZZLE FACEPLATE/CONE			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
NOZZLE			
- Auto Shutoff working properly	Y N	Y N	Y N
NOZZLE MINIBOOTHS			
- No tears or rips, not loose from nozzle	Y N NA	Y N NA	Y N NA
VAPOR PROCESSING UNIT WORKING	Y N	Y N	Y N
BREAKAWAYS			
- No visible tears or leaks	Y N	Y N	Y N
RECORD MARCH 2014 THROUGHPUT _____ gal/mo (Check one) <input type="checkbox"/> loaded into <input type="checkbox"/> dispensed from			

I certify the monthly inspection results to be accurate. Date _____

Print Name

Signature



Stage I and Stage II System Maintenance and Malfunction Records			
Problem/Solution (include pump number)	Date Repaired	Part	Manufacturer's Description

State of Illinois Stage I Vapor Recovery

The purpose of Stage I Vapor Recovery Systems at gasoline dispensing facilities ("GDFs") is to route gasoline vapors into the tanker truck without releasing them into the atmosphere. The Stage I system, consisting of sealed product fill and vapor apparatuses or both in one apparatus, is activated by a connecting hose that allows the transfer of vapors from the underground or aboveground storage tank back to the tanker truck's empty tank compartment while the tanker truck unloads gasoline product(s) into the storage tank(s). All connections are tightly fitted and properly sealed to prevent the escape of vapors.

Environmental Benefits

When using Stage I Vapor Recovery equipment, the escape of gasoline vapors is held to a minimum, helping to limit the escape of pollutants that contribute to air pollution. In addition, they are able to save money in the long run by having the majority of gasoline vapors retained in the tanks. Some of the "captured" vapors are converted back into the liquid gasoline state while the rest remains in the vapor state. The Stage I Vapor Recovery program in Illinois reduces volatile hydrocarbon emissions by nearly 5 tons per day in the Chicago Nonattainment Area and a half a ton per day in the Metro East St. Louis Nonattainment Area.

Chicago Nonattainment Area

Chicago metropolitan area has been reclassified as a "marginal" nonattainment level of air pollution (subject to change with new standards). It means that there is a moderate amount of air pollution capable of causing ground level ozone, and it affects a significant number of people who have respiratory problems. The following counties are listed in the Chicago Nonattainment Area:

- | | |
|-----------|--|
| ■ McHenry | ■ Cook |
| ■ Lake | ■ Will |
| ■ Kane | ■ Kendall (<i>Oswego Township</i>) |
| ■ DuPage | ■ Grundy (<i>Goose Lake & Aux Sable Townships</i>) |

Metro East St. Louis Nonattainment Area

The Clean Air Act Amendments of 1990 classifies the Metro East St. Louis metropolitan area as a "marginal" nonattainment level of air pollution (subject to change with new standards). It means that there is only a moderate level of air pollution capable of causing ground level ozone and it may affect people with respiratory problems. The following counties are listed in the Metro East St. Louis Nonattainment Area:

- Madison ■ St. Clair ■ Monroe

Stage I Vapor Recovery Requirements

All GDF's, whether retail or non-retail, are subject to the more stringent requirement for Stage I Vapor Recovery requirements outlined in Sections 218, 583/219, 583 of Title 35 of the Illinois Administrative Code (Chicago and Metro East Nonattainment Areas) and 40 CFR 63, Subpart CCCCCC of the Federal Register. (Attainment areas in Illinois are subject to 40 CFR 63, Subpart CCCCCC of the Federal Register.)

GDFs located in the Chicago and Metro East St. Louis Nonattainment Areas are subject to Stage I Vapor Recovery specification requirements. Not only do they need to have a tight connection in the product and vapor fill adaptor apparatus as well as operate a submerged loading pipe, but they are required to have a pressure/vacuum relief valve connected to each vapor vent pipe. If the vapor vent pipes have been manifolded, the open-ended vent pipe must be equipped with a pressure/vacuum relief valve. The vacuum and pressure limit specification for the pressure vacuum relief valves shall be set as follows: a positive pressure setting of 2.5 to 6.0 inches of water and negative pressure setting of 6.0 to 10.0 inches of water. The total leak rate of all pv relief valves at an affected facility, including connections, shall not exceed 0.17 cubic foot per hour at a pressure of 2.0 inches of water and 0.63 cubic foot per hour at a vacuum of 4.0 inches of water. In addition, it has to be tested on an annual basis to determine whether they are meeting the pressure and vacuum limits.

Other GDFs located in Boone, Peoria, Rock Island, Tazewell, and Winnebago counties are not required to have pressure/vacuum relief valves on their vent pipes unless subject to the Federal NEHSHAP regulations (40 CFR 63: Subpart CCCC) for facilities averaging more than 100,000 gallons of gasoline per month. Instead, they are required to have a Stage I vapor control system regardless of their monthly gasoline throughput. Minimum requirements for each facility include a submerged loading pipe and compatible vapor control devices. These devices include product/vapor fill adaptors as well as tanker truck inlet/outlet fittings. Hoses must be tightly connected to prevent any escape of gasoline vapors during a gasoline product delivery. These GDFs and other GDFs not located in the Chicago and Metro East Nonattainment Areas are still required to comply with the National Air Toxics Standards outlined in Table I (see pages 4 & 5) of the recordkeeping workbook. If your facility is subject to both, then the most stringent rule prevails.

GDFs, regardless of location, averaging more than 100,000 gallons of gasoline per month, are subject to the Federal vapor balancing test requirements (mentioned in the front of the workbook). Federal testing requirements include that GDFs perform an initial pressure decay test on the Stage I vapor recovery system and every 3 years thereafter.

Stage I Vapor Recovery Rules and Regulations

Stage I Vapor Recovery rules are specifically described under Sections **215.583**, **218.583**, and **219.583** of **Title 35** of the Illinois Administrative Code. For GDFs located in the Chicago Nonattainment area, they should follow rules specified under **Section 218.583**. For GDFs residing in the Metro East St. Louis Nonattainment Area, they should follow the rules under **Section 219.583**. For GDFs not located in either Chicago or Metro East St. Louis Nonattainment Area, they should follow the rules in **Section 215.583**.

Stage II Vapor Recovery

Stage II Vapor Recovery Systems collect gasoline vapors from vehicles' fuel tanks while customers dispense gasoline products into their vehicles at gasoline dispensing facilities. The Stage II system consists of special nozzles and coaxial hoses at each gasoline pump that captures vapors from the vehicle's fuel tank and routes them to the station's underground or aboveground storage tank(s) during the refueling process.

Environmental Benefits

When using Stage II Vapor Recovery equipment, the escape of gasoline vapors is held to a minimum, helping to protect the customers from the harmful effects of gasoline fumes as well as minimizing the escape of pollutants that contribute to air pollution. The Stage II Vapor Recovery program in Illinois reduces hydrocarbon emissions by more than 35 tons per day and saves in excess of 4 million gallons of gasoline annually.

Stage II Vapor Recovery Applicability Requirements

All GDFs are required to install Stage II controls if they meet the following two criteria: • They are located in the Chicago Nonattainment Area (see definition on the previous page), and • They dispense, on average, more than 10,000 gallons of gasoline per month for the last 12 months of operation.

Acceptable Stage II Vapor Recovery Systems

Only Stage II Vapor Recovery Systems approved by the California Air Resources Board ("CARB") are to be used in GDFs that meet the Stage II applicability requirements in Illinois. All system parts must be clearly identified to show that they are CARB-certified. Over 40 types of Stage II systems have met the rigorous certification standards imposed by the CARB and are given a CARB Executive Order number. All approved Stage II systems with a CARB Executive Order number are listed on the CARB website, <http://www.arb.ca.gov/vapor/eo-PhaseII.htm>.

Maintaining Stage I and Stage II Vapor Recovery Systems

All GDFs utilizing both Stage I and Stage II systems must have at least one person trained to operate and maintain them. To receive the proper training, representative(s) from each GDF (e.g., station managers, assistant managers, owners, etc.) must enroll in a training course offered by a qualified Stage I/II trainer. They must be able to pass the course before they can obtain a training certificate and receive copies of the Stage I/II maintenance and malfunction log. A current list of qualified Stage I/II trainers is provided as follows:

Company Name	Address	City and State	Zip Code	Phone Number
JMM Management Group, LLC	2496 Technology Dr.	Elgin, IL	60123	847/888-0276
ECS, Inc.	720-L Lakeview Plaza Blvd.	Worthington, OH	43085	614/433-0170
B & K Equipment Company	2939 175th Street	Lansing, IL	60438-1590	708/474-3344
Tanknology	8900 Shoal Creek Blvd; Building 200	Austin, TX	78757	800/964-1270
Emro/Speedway SuperAmerica	501 W. High St. P.O. Box 1500	Springfield, OH	45501	937/863-7034
BP Products North America, Inc	4 Centerpointe Dr.	LaPalma, CA	90623	630/388-4158 630/388-4222
Thornton Oil Corporation	10101 Linn Station Rd. Suite 200	Louisville, KY	40223	502/425-8022 ext. 165

Stage I and Stage II Vapor Recovery Recordkeeping Requirements

All GDFs operating both Stage I and Stage II Vapor Recovery Systems shall have the records kept up-to-date and easily accessible to the inspector upon request. The following records must be kept onsite:

- Stage II registration certificate or a completed and approved copy of the Stage II registration form (issued by the Illinois EPA)
- Stage I/II maintenance checklist log
- Stage I/II malfunction log
- Monthly gasoline throughput log (*reported in total gallons of gasoline per month*)
- Stage I/II training certificate and/or approval letter of training (*issued by a qualified Stage I and II trainer*)

How to Apply for a Stage II Registration Certificate?

New or newly renovated gas dispensing facilities having installed and tested the Stage II Vapor Recovery System must register with the Illinois EPA. The Stage II registration form (see next page) must be completed and returned to the Illinois EPA within 30 days after the facility has completely installed and tested the Stage II Vapor Recovery System. Existing facilities having modified their Stage II systems or changed ownership or lost their original registration certificate will need to re-register (using the registration form) to obtain the registration certificate. In lieu of the Stage II registration certificate, a completed and approved copy of the Stage II registration form can be used as a substitute. There are no fees involved with registering.

Compliance Inspections

Each gas dispensing facility subject to Stage II control requirements will be inspected shortly after its registration and annually thereafter. The inspection will be performed by the Illinois EPA or its delegates, e.g., Department of Agriculture's Bureau of Weights and Measures, Cook County Department of Environmental Control, or City of Chicago Department of Environment. The inspectors will be checking all records relating to Stage I and Stage II Vapor Recovery requirements, inspecting vapor control equipment that appears to be malfunctioning, and detecting any leaks that may occur within the system. Nearly all inspections are conducted unannounced. It is the facility owner's or operator's responsibility to be present, or to have a designee in attendance, in the event of an inspection and provide records to the inspectors upon request.

Penalties

Penalties for violating air pollution regulations can be as high as \$50,000 per violation and \$10,000 for each day the violation continues.

Assistance with Stage II Vapor Recovery Rules and Regulations

Stage II Vapor Recovery rules are specifically stated under **Section 218.586** of **Title 35** of the Illinois Administrative Code. If you have any questions, need assistance, or want to request a copy of the rules, you may contact the Stage II Vapor Recovery Program Specialist at Illinois EPA at 217/557-1441.

Illinois Department of Agriculture Bureau of Weights & Measures Gas Pump Inspection Program:

- All retail motor fuel dispensers (gas pumps) are inspected by the Bureau of Weights and Measures each year as mandated by the Weights and Measures Act.
- The following cities operate their own weights and measures inspection program and conduct gas pump inspections in their jurisdiction: Chicago, Cicero, Evanston, Granite City, Oak Park, & Schaumburg.
- An inspection fee of \$18 per pump is charged to support the operating costs of the program.
- All new pumps must have a National Type Evaluation Program Certificate of Conformance issued by the National Conference on Weights and Measures.
- Inspectors conduct tests to ensure the accuracy of the meter. Using calibrated standards, inspectors determine if the pump is within tolerance.
- Devices are inspected to the specifications and tolerances published by the National Institute of Standards and Technology (NIST) of the U.S. Department of Commerce in NIST Handbook 44.
- Devices which do not meet the accepted tolerances are rejected and cannot be used commercially.
- Rejected pumps must be repaired by a registered service company. Registered service agents may place a repaired device back into service.
- In addition to inspecting devices for accuracy, inspectors ensure that the station is in compliance with regulations for the appropriate posting of labels for octane, ethanol or biodiesel. Any device used to dispense a motor fuel containing at least 1% by volume of ethanol must be labeled with the maximum percentage by volume of the ethanol in the fuel. The octane number must be posted for all gasoline products. Labeling requirements for alternative fuels, such as E85 and biodiesel blends, are contained in regulations of the Federal Trade Commission in 16 CFR part 306.
- Through an intergovernmental agreement with the Illinois Environmental Protection Agency (IEPA), inspectors also conduct Stage I and II vapor recovery inspections in several collar counties. This includes visual inspections as well as the review of records.
- The Bureau is also responsible for ensuring the quality of motor fuel in the State. Inspectors take samples of gasoline and diesel on a random and complaint basis for quality analysis at a contract laboratory. The Motor Fuel and Petroleum Standards Act permits the collection of samples for quality analysis without cost to the State. All motor fuel sold in Illinois must conform to the ASTM standards for quality.



Bureau contact information:

IL Dept. of Agriculture

Bureau of Weights & Measures

P.O. Box 19281

Springfield, IL 62794-9281

Telephone: 800.582.0468

Website: www.agr.state.il.us



Serving Small Businesses and the Environment
 THE NATIONAL ENVIRONMENTAL EDUCATION FOUNDATION

Notification of Compliance Status Report for Gasoline Dispensing Facilities

This form can be used for initial notification as well as Notification of Compliance Status.

Applicable Rules: 40 CFR Part 63, Subpart CCCCCC — National Emission Standards for Hazardous Air Pollutants for Area Source Category; Gasoline-Dispensing Facilities and 40 CFR Part 63, Subpart A — National Emission Standards for Hazardous Air Pollutants for Source Categories, Subpart A — General Provisions. Initial notification is being made in accordance with §63.9(b).

Note: Initial notification reports were due May 8, 2008 or 120 calendar days after a source becomes subject to the relevant standard. Sources may also use the application for approval of construction or reconstruction under §63.5(d) to fulfill the initial notification requirement. If you are a new or reconstructed major source, you must also include information required under 63.5(d) and 63.9(b)(5) — the Application for Approval of Construction or Reconstruction. You may use the Application for Approval of Construction and Reconstruction as your initial notification. (§63.5(d)(1)(iii)).

Notification of Compliance Status Reports are due January 10, 2011.

Mail 1 copy to each:

Illinois Environmental Protection Agency	USEPA Region 5
Bureau of Air Compliance Section MC 40	Air Enforcement & Compliance Assurance Branch AE-17J
1021 N. Grand Ave East	77 West Jackson Blvd
P.O. Box 19276	Chicago, IL 60604
Springfield, IL 62794	

SECTION I GENERAL INFORMATION

Print or type the following information for each facility for which you are making initial notification: (§63.9(b)(2)(i)-(ii))

Operating Permit Number (OPTIONAL)	Facility I.D. Number (OPTIONAL)	
Responsible Official's Name/Title		
Street Address		
City	State	ZIP Code
Facility Name (if different from Responsible Official's Name)		
Facility Street Address (if different than Responsible Official's Street Address)		
Facility Local Contact Name	Title	Phone (OPTIONAL)
City	State	ZIP Code

SECTION II APPLICABILITY AND COMPLIANCE STATUS

(Initial in box beside correct answer to the following questions)

Yes	A1. Is your facility a "gasoline-dispensing facility"? Gasoline-dispensing facility means any stationary facility that dispenses gasoline directly into the fuel tank of a motor vehicle.
No	
Yes	A2. Does your facility receive and dispense any type of gasoline other than aviation gasoline?
No	

If you answer "No" to either of the above questions and can support your answer, then you are not subject to the control requirements listed below; however, you must still complete Sections III and IV and mail as directed. If prior to January 10, 2008, your facility is meeting the control requirements of C1, C2, and C3, as applicable, under an enforceable State, local, or tribal rule or permit, then this notification is not required to be submitted	
Yes	C1. Do you require that gasoline be handled in a manner that restricts vapor releases to the atmosphere for extended periods of time? Measures to be taken include, but are not limited to, the following: (1) Minimize gasoline spills (2) Clean up spills as expeditiously as practicable (3) Cover all open gasoline containers and all gasoline storage tank fill-pipes with a gasketed seal when not in use (4) Minimize gasoline sent to open-waste collection systems that collect and transport gasoline to reclamation and recycling devices, such as oil/water separators.
No	C2. If the monthly gasoline throughput of your facility is greater than or equal to 10,000 gallons per month, is submerged filling (as specified in § 63.11117(b)) currently used for <u>all</u> gasoline storage tanks having a capacity of greater than or equal to 250 gallons?
Yes	C3. If the monthly gasoline throughput of your facility is greater than or equal to 100,000 gallons per month, is vapor-balanced filling (as specified in § 63.11118(b)) currently used for <u>all</u> gasoline storage tanks except (1) Tanks constructed on or before January 10, 2008, with a capacity of less than 2,000 gallons (2) Tanks constructed after January 10, 2008, with a capacity of less than 250 gallons (3) Tanks equipped with floating roofs, or the equivalent?
No	The monthly throughput was determined based on the volume of gasoline: <input type="checkbox"/> Loaded into all storage tanks (OR) <input type="checkbox"/> Dispensed from all storage tanks <i>(choose only one method)</i>
Note: You may be required to be in compliance with the above control requirements by January 10, 2011. Please refer to 40 CFR 63 Subpart CCCCCC for more information on the regulations.	

SECTION III SOURCE DESCRIPTION Briefly describe the source: (§63.9(b)(2)(iv))

Provide information on the number and capacity of gasoline storage tanks and the average monthly gasoline throughput based on the method noted above.

SECTION IV CERTIFICATION

Based upon information and belief formed after a reasonable inquiry, I, as a responsible official of the above-mentioned facility, certify that the information contained in this report is accurate and true to the best of my knowledge.

Name of Responsible Official (Print or Type)	Title	Date (mm/dd/yy)
Signature of Responsible Official		

Note 1. Notifications should be sent to both addresses listed on page 1. Part 70 permit applications can be used in lieu of an initial notification provided: (1) the same information is contained in the permit application as required by this rule; (2) the State has an approved Title V program under Part 70; (3) the State has received delegation of authority by the EPA; and (4) the Title V permit application has been submitted to the permitting authority. (§63.9(a))
Note 2. Responsible official is defined under §63.2 as any of the following: the president, vice-president, secretary, or treasurer of the company that owns the plant; the owner of the plant; the plant engineer or supervisor; a government official if the plant is owned by the Federal, State, city, or county government; or a ranking military officer if the plant is located on a military installation.

The Illinois EPA is authorized to require, and you shall disclose, the information requested on this form pursuant to the Illinois Environmental Protection Act (Act), 415 ILCS 5/9. This information shall be provided using this form or by alternative means at your discretion. Failure to disclose the requisite information may result in your application being denied, and/or penalties being imposed as provided for in the 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. (415 ILCS 5/44(h))

**STATE OF ILLINOIS
REGISTRATION
STAGE II VAPOR RECOVERY SYSTEM**

For Administrative Use Leave Blank

NOTE: Any new gasoline dispensing facility (GDF) in Cook, DuPage, Kane, Lake, McHenry and Will Counties, Oswego Township in Kendall County and Goose Lake and Aux Sable Townships in Grundy County with projected average dispensing of 10,000 gallons of gasoline per month or an existing GDF that exceeds 10,000 gallons of gasoline average per month must install and operate a State II Vapor Recovery System. Complete and retain a copy of this form for your records. A copy of all forms and documents must be kept at each station.

1. LOCAL STATION REGISTRATION:

Facility/Station Name _____ Phone () _____
 Fuel Brand Name Sold _____
 Street Address _____
 City, State _____ Zip _____
 County: _____
 On-site Station Manager _____
 Email _____

2. REGIONAL CORPORATE/INDEPENDENT OWNER INFORMATION:

Corporate/Owner Name _____ Phone () _____
 Corporate Contact Name _____ Phone () _____
 Street Address _____
 City, State _____ Zip _____
 Email _____

3. TYPE OF REGISTRATION:

New Facility Stage II Equipment Changes Owner/Contact/Address Change
 Stage II Certificate Replacement

4. VAPOR RECOVERY SYSTEM:

Manufacturer's Name and Model Number _____
 Date Stage II System became operational* _____
 *For new GDFs or for newly installed Stage II Systems the month/year the system became operational.

NOZZLES (excluding diesel fuel and kerosene):

Manufacturer's Name	Model #	The Number of This Type of Nozzle

5. VOLUME OF GASOLINE DISPENSED:

For Existing GDFs, Current Average Monthly Volume _____
 For New GDFs, Projected Average Monthly Volume _____

6. Signature of Individual Completing This Form _____
 Print Name _____ Date _____

Mail the original copy to:

**Illinois Environmental Protection Agency
 Stage II Vapor Recovery Program, MC #6
 P.O. Box 19276
 Springfield, IL 62794-9276**

Questions? Call (217) 557-1441.

The Illinois EPA is authorized to require, and you must disclose, the information on this required form pursuant to the Illinois Pollution Control Board Rules and Regulations, 35 Ill. Adm. Code 218.586. Failure to disclose the information may result in penalties as provided for in the Act, 415 ILCS 5/42-45. This form has been approved by the Forms Management Center.

REGISTRATION INSTRUCTIONS

1. LOCAL STATION REGISTRATION: Fill in the business name (e.g., Rob's Gas On-The-Go), the business telephone number, the fuel brand name sold (e.g., BP, Marathon, Mobil, Shell), the complete mailing address (**do not enter an intersection as an address**), the county in which it resides, the name of the on-site station manager, and if applicable, a station email address.

2. REGIONAL CORPORATE/INDEPENDENT OWNER INFORMATION: Fill in the regional corporate name of the gas-dispensing facility, the regional corporate telephone number, the name of the designated corporate contact, their phone number, the complete regional corporate address, and a corporate email contact address.

3. TYPE OF REGISTRATION: *Original Registration:* The first time the facility is registering for the program. *Equipment Modification:* Any change to the system described in Section 4 VAPOR RECOVERY SYSTEM. *Information Change:* Examples of information changes include ownership change, new facility name, and/or new location of operating records. *Stage II Certificate Replacement:* Re-registration due to lost/missing/misplaced registration certificate.

4. VAPOR RECOVERY SYSTEM: Fill in the manufacturer's name and model number that describes the Stage II system operating at the facility. Identification tags listing the brand name and model number are usually located at the bottom or top of the dispensers (gas pumps). Enter the date the Stage II system became operational (e.g. month/year). For each nozzle type used at the facility, enter its manufacturer's name and model number and the total number of each type of nozzle. Manufacturer's name and model number are typically found on the nozzle handle.

5. VOLUME OF GASOLINE DISPENSED: For existing gasoline dispensing facilities (GDFs) provide the current average monthly volume (in gallons) of gasoline dispensed at the facility for the last 12 calendar months. For new GDFs, provide the projected average monthly volume (in gallons) of gasoline to be dispensed at the facility for the next 12 calendar months.

Average Monthly Volume _____ 75,000 gals per mo. _____ Date 1/09 to 12/09

6. CERTIFICATION: This section certifies the accuracy of information provided in the registration. The individual completing this form must sign the Stage II registration, then print their name and fill in the date the form was completed. This form should then be mailed on the address shown on the reverse side.

If you have any questions, please call the Illinois EPA at (217) 557-1441.

STAGE II VAPOR RECOVERY PERMITS

No permit is required from the Office of the State Fire Marshal (OSFM) to install Stage II vapor recovery systems. However, the contractors doing work on Stage II vapor recovery systems must be registered with OSFM.



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
PERMITTING AND ENFORCEMENT
333 S. STATE ST., 2ndFL.
CHICAGO, IL 60602**

PERMIT # _____
Facility# _____
Date Received: _____
Approved by: _____

Application for permit to **INSTALL STAGE II VAPOR RECOVERY SYSTEM** on Underground Storage Tank for Petroleum and Hazardous Substances. To be completed in triplicate with site plans and filed with the Department of Environment.

1) OWNER OF TANKS - Corporation, partnership or other business entity: _____ **2) FACILITY - Name and address where tanks are located:** _____

_____ Name of Company	_____ Name of Facility
_____ Street Address	_____ Street Address
_____ City State Zip	_____ City State Zip
_____ Contact Person	_____ Contact Person

Facility Registration I. D. #

3) NUMBER AND SIZE OF TANKS: _____

4) MATERIAL OF PIPING: _____

DOUBLE WALL OR SINGLE WALL: _____

5) VAPOR RECOVERY SYSTEM: _____
CARB Executive Order Number: _____

Date Stage II System Became Operational: _____

NOZZLES:

Number	Manufacturer's Name	Model

6) VOLUME OF GASOLINE DISPENSED:

Average Monthly Volume: _____

7) APPLICATION REJECTION: Insufficient information or illegibility can be cause for return or denial.

8) APPLICANT: The **RESPONSIBLE CONTRACTOR** must complete this section. A fee of \$100.00 for each site must accompany this application. Checks or money orders are to be made payable to the City of Chicago, Department of Public Health. Do not send cash.

9) I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all submitted information is true, accurate and complete.

Name of Contractor: _____ **Registration #** _____

Address: _____

Name and Title of Representative: _____ **Phone #:** _____

Signature of Authorized Representative: _____ **Date:** _____

The Office of the State Fire Marshal and the City of Chicago, Department of Health are requesting information that is necessary to accomplish the statutory purpose as outlined in "425 ILCS 25/9." Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

For more information contact:

Illinois Environmental Protection Agency
Stage I/II Vapor Recovery
217/557-1441

City of Chicago Department of Public Health
312/747-9884

Illinois Small Business
Environmental Assistance Program

800/252-3998

(TTY: 800/785-6055)

dceo.sbeap@illinois.gov

Small Business Internet Resources

Illinois Small Business Environmental Assistance Program <http://www.ienconnect.com/enviro>
Illinois Environmental Protection Agency <http://www.epa.state.il.us/air/stage-ii-vapor-recovery.html>

Federal Sites

USEPA Small Business Environmental Home Page <http://smallbiz-enviroweb.org>
USEPA Stage I & II Guidance http://www.epa.gov/ttn/chief/eiip/techreport/volume03/iii11_apr2001.pdf



Illinois
Environmental Protection Agency



Illinois
Department of Commerce
& Economic Opportunity
Pat Quinn, Governor

