

**COMMONWEALTH OF KENTUCKY
Energy and Environment Cabinet
Department for Environmental Protection**

DIVISION FOR AIR QUALITY
Florence Regional Office
8020 Veterans Memorial, Suite 110
Florence, Kentucky, 41042
(859) 525-4923; FAX (859) 525-4157

DEP 7105C

A.I. No:

Date Received:

**NOTICE OF INTENT TO DECOMMISSION STAGE II CONTROLS
AND DECOMMISSION PLAN FORM**
Gasoline Dispensing Facilities

This form must be signed by the owner or operator of the gasoline dispensing facility and must be submitted to the Florence Regional Office of the Division for Air Quality at least 30 days prior to decommissioning. Decommissioning and required testing must be performed pursuant to 401 KAR 59:174, Section 10, and be completed within 60 days of commencing decommissioning. Any change of the decommissioning plan or change of decommissioning contractor requires submittal of a new DEP 7105C Form by the owner or operator at least 10 days prior to decommissioning, indicating that it is a change of information from a prior notice and setting forth the change(s).

Date & Time of Decommissioning: _____ / _____ **Is this a change of information from a prior notice?** _____

Section 1 FACILITY INFORMATION

Facility Name (On Registration Form # DEP 7105):

Address:		Phone:
City, State, Zip:		E-mail:
Owner:	Operator:	

Section 2 DECOMMISSIONING CONTRACTOR

Name of Onsite Supervisor:		Mobile Phone:
Company:		
Address:		Phone:
City, State, Zip:		E-mail:

Section 3 STAGE II SYSTEM INFORMATION

Manufacturer:	
Make:	Model:
Type/Other Information:	

Section 4 DECOMMISSIONING PLAN

- A. Has a description or diagram of the Stage II vapor recovery system that is presently installed, including the number of dispensers subject to decommissioning, been attached? _____
- B. Has a description or diagram of how the Stage II vapor recovery system will be decommissioned, including applicable forms, tables, check lists, diagrams, materials lists, tests that will be performed, etc., been attached? _____
- C. Has a description or diagram of the gasoline delivery system after decommissioning been attached? _____
- D. Have arrangements been made to make all necessary repairs or install all necessary lock-outs and "Out of Service" tags in the event decommissioning cannot be completed, including required testing, within 60 days of commencement? _____

SUBMITTAL

Print Name (Owner or Operator) & Title:	REQUIRED Signature:	Date:
Print Name (Decom. Contractor) & Title:	OPTIONAL Signature:	Date: