

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 7105D

A.I. No:

Date Received:

**NOTICE OF STATUS OF DECOMMISSIONING
OF STAGE II CONTROLS 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 10 days after commencing decommissioning. If decommissioning is not completed within 10 days after commencing decommissioning, a new Form DEP 7105D must be submitted to the Florence Regional Office of the Division for Air Quality within 10 days of completing decommissioning. If decommissioning is completed on the same day it is commenced, only one DEP 7105D form must be submitted. If decommissioning and required testing is not completed within 60 days of commencing decommissioning, lock-outs and "Out of Service" tags must be installed on all dispensers that have not been decommissioned until decommissioning is completed.

Check one of the following:

Decommissioning has been completed. (Complete Section 3)

Decommissioning was not completed after 10 days after commencing. (Complete Section 4)

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 NOTICE OF COMPLETION

Decommissioning was commenced on _____ and completed on _____, including required testing, pursuant to 401 KAR 59:174, by the above-referenced decommissioning contractor, summary of which is included below or attached hereto along with related documentation (if any) in support: _____

Section 4 NOTICE OF NON-COMPLETION

Decommissioning was commenced on _____ by the above-referenced decommissioning contractor but was not completed pursuant to 401 KAR 59:174, within 10 days for the foregoing reason(s) (attach related documentation in support, if any): _____

The plan with respect to completing decommissioning is as follows (attach supporting documentation, if any): _____

CERTIFICATION

I certify that I am the owner or operator as indicated below; that I am familiar with the information contained herein and the supporting documentation (if any) attached hereto; and that all information included herein and attached hereto is true and correct.

Signature of Owner or Operator (**required**): _____ Date: _____

Printed Name: _____