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Office of Environmental Compliance
Assessment Division
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LOUISIANA
Form for Notification to Suspend Stage II
Vapor Recovery at Individual Facilities



Instructions: Type or print carefully in ink (Illegible forms will be returned).
Mail or fax the completed form to the Stage II Program at the address above.

In accordance with Potpourri Notice 1211Pot1 issued on November 20, 2012, the requirements under LAC 33:III.2132 to install CARB Stage II Vapor Recovery Systems have been suspended in newly constructed Motor Vehicle Fuel Dispensing Facilities (MVFDF) after May 16, 2012 in the affected parishes of Ascension, East Baton Rouge, Iberville, Livingston, Pointe Coupee and West Baton Rouge. Check the requirement that applies:

_____ New MVFDF that began construction on or after May 16, 2012 and has not begun dispensing fuel, and would otherwise be required under LAC 33:III.2132 to install CARB approved Stage II Vapor Recovery System.

_____ New MVFDF that has not begun dispensing fuel – which began construction before May 16, 2012 and which can certify that Stage II equipment has not begun to be installed at the facility.

_____ Existing MVFDF that became subject to Stage II requirements due to an increase in throughput as specified in LAC 33:III.2132 on or after May 16, 2012 and would otherwise be required to install Stage II Vapor Recovery Systems.

_____ Existing MVFDF that modified the facility to remove all gasoline pumps on or after May 16, 2012 and replace them all with equipment that does not have Stage II equipment.

- Contractor information must be completed below.
- A copy of the work order or receipt for removal of Stage II equipment from the contractor must be provided.

Gasoline Dispensing Facility Information

Agency Interest No. _____ Facility ID No. _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Full Legal Business Name _____

Facility Location _____

Contact Person _____ Telephone No. _____

Facility's Local Name _____

Total Number of Gasoline Dispensing Pumps Replaced _____

Contractor Information (contractor that removed Stage II equipment)

Name _____

Company _____

Telephone No. _____

The information supplied on this form is true and correct to the best of my knowledge.

Signature of Authorized Officer

Date

Print Name

Title