



Louisville Metro Air Pollution Control District

NOTICE OF INTENT TO DECOMMISSION STAGE II CONTROLS AND DECOMMISSION PLAN FORM

Form APG-D

Deliver application to:
701 West Ormsby Avenue
Suite 303
Louisville, KY 40204

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd
airpermits@louisvilleky.gov

Section 1 Facility Information

Facility name:	Plant ID:	
Facility address:		
City:	ZIP + 4:	
KY Secretary of State Organization number:		
Owner:	Operator:	Same as Owner
Phone:	Email:	

Section 2 Decommissioning Information

Date of Decommissioning:	Time of Decommissioning:	a.m.	p.m.
Decommissioning Contractor:			
Address:	Phone:		
City, State, ZIP:	Email:		
Mobile Phone:			

Section 3 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?

Responsible Official Certification

The "Responsible Official" is the person in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of that person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit. See District regulation 1.02, section 1.71 for a complete, detailed definition of Responsible Official.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.

BY:

Typed or Printed Name of Signatory

Date

Authorized Signature

Title of Signatory