

2008-2009 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS

73000045
FACILITY ID #

CORROSION PROTECTION (Tanks): Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
Is tank in contact with its environment (soil or water)?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
Tank is retrofitted with which cathodic protection method:				
A. Impressed Current?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
B. Sacrificial Anodes?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
Specify any other method used to achieve tank's corrosion protection:				

CORROSION PROTECTION (Piping): Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
Piping is non-corrodible material (fiberglass, flexible piping, etc.)?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
Piping is retrofitted with which cathodic protection method:				
A. Impressed Current?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
B. Sacrificial Anodes?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
Specify any other method used to achieve piping's corrosion protection:				

RECORDS FOR CATHODIC PROTECTION: Only mark answers in columns for tanks you actually have. 1 tank per column.

If you have impressed current systems or sacrificial anodes, you have the documentation of the last 2 tests conducted within 6 months of installation, at least every 3 years thereafter, and within 6 months of a repair?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA
If you have an impressed current system, you have documentation of the last three rectifier readings that need to be taken every 60 days to show that the rectifier is working properly? (Most ASTs will share one rectifier.)	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA

SPILL PROTECTION: Only mark answers in columns for tanks you actually have. 1 tank per column.

AST has working spill protection equipment?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
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OVERFILL PROTECTION: Only mark answers in columns for tanks you actually have. 1 tank per column.

AST has working overfill protection equipment?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
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EMERGENCY VENTING: NFPA 30, 2-3.6.1


AST has properly designed emergency relief vents?	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA
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OTHER REQUIREMENTS: Respond in each row for entire facility

Permit applied for and received from Arkansas State Fire Marshal's Office? (For ASTs installed after June 15, 1992)	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA
Current AST notification form filed with ADEQ (for ASTs 1,320-40,000 gallons storing petroleum)?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
Records on site for all system repairs?	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA
Correct ADEQ Registration Certificate (with current year's sticker) posted in a conspicuous location at the facility?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA

CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally completed and am familiar with the information submitted in this and all attached documents, and that the submitted information is true, accurate and complete.

Owner Name (print) DANIEL D. HUGENKAMP	Owner Signature 	Date Signed 7.29.08
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RECEIVED
JUL 30 2008
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