

Arkansas Department of Environmental Quality UST Compliance Inspection Checklist

A. Ownership of Tank(s)	B. Location of Tank(s)
Owner Name (Corporation, individual, Public Agency, or other entity): MFA PETROLEUM CO Street Address ONE RAY YOUNG DR County BOONE City State Zip Code COLUMBIA MO 65205 Area Code Phone Number 573 442-0171 Contact Person At UST Location Phone # DANIEL (DAN) CREEK 573-219-5785	(If Same as Section 1, check here <input type="checkbox"/>) Facility Name or Company Site identifier, as applicable BREAK TIME #3031 Street Address or State Road, as applicable 160 N MAIN ST City (nearest) State Zip Code DEVALLS BLUFF Arkansas 72041 County PRAIRIE Facility ID# 59001626 Number of Tanks at This Location: 2 Registration certificate posted in a conspicuous location: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

C. Tank Information

(1) Tank(s) presently in use	Tank# <u>1</u>	Tank# <u>2</u>	Tank# _____	Tank# _____
(2) If not in use, date last used				
(3) If emptied, verify 1" or less of product in tank				
(4) Month and Year Tank Installed (E-estimate or K-known)	5/18/2004	5/18/2004		
(5) Material of Construction (E-estimate or K-known)	ACT 100	ACT 100		
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	4K/3K/5K	12000		
(7) Substance Stored (E-estimate or K-known)	GAS/KER/DII	GASOLINE		

D. Release Detection For Tanks

Release detection method is present for tank(s). [1] Yes No NA
 Release detection system meets the performance standards in 280.43 or 280.44 [3] Yes No NA

If Yes, select method below. If NA, explain: _____

(1) Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tank Tightness Testing and Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Secondary Containment with Interstitial Monitoring (Required on tank(s) installed after July 1, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Other approved method (write in name of method)				

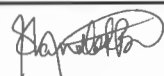
E. Release Detection For Piping

Release detection method is present for piping. [1] Yes No NA
 Release detection system meets the performance standards in 280.43 or 280.44 [3] Yes No NA

If Yes, select method below. If NA, explain: _____

(1) Check Type of Piping for each Tank	Pressure Pipe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suction Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, and (check one)					
(a) Vapor Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Groundwater Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Secondary Containment With Interstitial Monitoring (Required on piping installed after July 1, 2007)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other approved method (write in name of method)					

Inspector's Signature: _____



Date: Oct 17, 2014

Release Detection for Piping

 Facility ID#: 59001626
Pressurized Piping A method must be selected from each set. Where applicable indicate date of last test.

Set 1 Type of Line Leak Detector	Tank# 1	Tank# 2	Tank#	Tank#
(1) Automatic Flow Restrictor	✓	✓		
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
Set 2 Type of Release Detection				
(4) Annual Line Tightness Testing	3/22/2013	3/22/2013		
(5) Vapor Monitoring				
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial Monitoring				
(8) If Interstitial Monitoring, documentation of monthly monitoring is available?				
(9) Groundwater Monitoring				
(10) If Groundwater Monitoring, documentation of monthly monitoring is available?				
(11) Other Approved Method (specify in comments)				

Suction Piping Indicate date of most recent test.

(12) Line Tightness Testing (required every 3 years)				
(13) Vapor Monitoring				
(14) Secondary Containment with Interstitial Monitoring				
(15) Groundwater Monitoring				
(16) Other Approved Method (specify in comments)				
(17) No Leak Detection Required? (must answer yes to all of the following questions)				
(a) Operates at less than atmospheric pressure				
(b) Has only one check valve, which is located directly under pump				
(c) Slope of piping allows product to drain back into tank when suction released				
(d) All information on suction piping is verifiable				

 Comments FAILURE TO PROVIDE THE CURRENT LINE LEAK DETECTOR AND LINE TIGHTNESS TESTING RESULTS. LLD AND LTT WAS COMPLETED ON 3/22/2013 BY JOE QUICK.

 Inspector's Signature:  Date: Oct 17, 2014

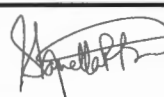
RELEASE PREVENTION

Facility ID#: 59001626

Check (✓) for compliance; "No" for noncompliance. Leave blank for "N/A".

I. SPILL PREVENTION	Tank# <u>1</u>	Tank# <u>2</u>	Tank# _____	Tank# _____
(1) Spill prevention device present and operational. [1]	✓	✓		
(2) Spill prevention device in good repair.	✓	✓		
(3) Spill prevention device has no significant debris or liquid.	✓	✓		
II. OVERFILL PREVENTION				
(1) Overfill prevention device present and operational. [2]	✓	✓		
A. Automatic shutoff device.				
(1) Verified by observations.	✓	✓		
(2) Automatic shutoff device is functional and operational. [2]	✓	✓		
(3) Automatic shutoff device appropriate for system.	✓	✓		
B. Audible or visual alarm				
(1) Present				
(2) Alarm is functional and operational. [2]				
(3) Alarm is audible/visible to delivery driver. [2]				
C. Ball float valves				
(1) Presence verified thru records and/or observation.				
(2) Ball float is operational. [2]				
(3) Ball float is appropriate for system.				
III. OPERATION AND MAINTENANCE				
(1) Repairs to UST system performed according to a recommended practice.				
(2) Repaired UST system tightness tested within 30 days of repair. [3]				
(3) CP system tested within 6 months of any CP repair. [4]				
(4) Records of UST system repairs.				
(5) CP system properly operated and maintained to provide continuous protection. [5]	✓	✓		
(6) CP system performing adequately based on results of testing. [5]	✓	✓		

Comments: _____

Inspector's Signature  Date Oct 17, 2014

RELEASE PREVENTION (Cont'd)

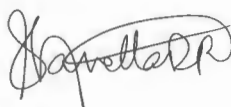
Facility ID#: 59001626

Check (✓) for compliance; "No" for noncompliance. Leave blank for "N/A".

IV. CORROSION PROTECTION	System# 1		System# 2		System#		System#	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Material of Construction (Check all that apply)								
NON-CORRODIBLE	✓	✓	✓	✓				
CORRODIBLE								
B. Internal lining								
(1) Installed according to a recommended practice.								
(2) Inspected in a timely manner and lining is in compliance. [7]								
(3) Inspected according to approved protocol.								
(4) Corrective action taken on failed inspection.								
C. Galvanic (sacrificial) anodes								
(1) Designed by CP expert/specialist.								
(2) Tested in a timely manner.								
(3) Corrective action taken on failed test.								
(4) Metal components (i.e., flex lines, subpumps, etc.) protected as required. [8]		✓		✓				
(5) Operational records available.								
D. Impressed current								
(1) Designed by CP expert/specialist.								
(2) Tested in a timely manner.								
(3) Rectifier is operational.								
(4) Verify records of 60 day check. [6]								
(5) Corrective action taken on failed check.								
(6) Operational records available.								
(7) CP system maintained.								
(8) Metal components (i.e., flex lines, subpumps, etc.) protected as required. [8]								
V. COMPATIBILITY All portions of the system are compatible with product stored	✓	✓	✓	✓				

Comments: CP TESTING COMPLETED FOR ALL OF THE FLEX LINES AT THE DISPENSER SUMPS AND THE STP SUMP ON 6/28/2014 BY JOE QUICK.

Inspector's Signature _____



Date Oct 17, 2014

FINANCIAL ASSURANCE

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (check one) Yes No N/A

(2) Can PSTTF deductible be satisfied? Yes No N/A

If No or N/A for PSTTF, mechanism for meeting financial responsibility? _____

Other SOC

(1) Implementing agency has been notified of suspected release as required. [4] Yes No N/A

(2) Hazardous substance UST system release detection meets requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [6] Yes No N/A

(3) UST systems in temporary closure, but still containing product, are compliant with release detection requirements (i.e., method present, operational, release investigated & reported as required. [7] Yes No N/A

OPERATOR TRAINING/CERTIFICATION REQUIREMENTS

Class A designated operator Name KATRINA CARROLL # 002854 Yes No

Class B designated operator Name KATRINA CARROLL # 002854 Yes No

Class C designated operator (minimum 1 operator per shift) Yes No * N/A

*Unmanned emergency generator facility (no Class C required); OR Yes No

*Unmanned facility in compliance with Arkansas State Fire Code (no Class C required) If "NO", explain in Comments Yes No

Training records maintained for all Class A, B and C operators Yes No

Class A, Class B operators certified within 30 days of assuming O/M responsibilities Yes No

Class A, Class B operators recertified within 45 days of delivery prohibition violation Yes No N/A

Class C operator(s) training:

- Conducted by ADEQ- certified Class A or Class B operator Yes No

- Specific to facility Yes No

- Documented on ADEQ provided forms Yes No

- Adequately addresses delivery controls, monitoring of dispensing and emergency response Yes No

- Trained prior to assuming Class C responsibility Yes No

Comments:

CLASS A/B OPEATOR PRESENT. DESIGNATED CLASS C OPERATORS: HALEY STRINGFELLOW(PRESENT), JEAN FOUGHT (PRESENT), AND ROBIN CHAPPELL.



Inspector's Signature

Date Oct 17, 2014

Automatic Tank Gauging

Facility ID#: 59001626

Manufacturer, name and model number of system: ENCON TS 1001 SENTINEL

Please check 'YES' or 'NO' for each question

(1) Device documentation is available at site (e.g., manufacturer's brochures, owners manual)?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(2) Device can measure height of product to nearest one-eighth of an inch?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(3) Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(4) Documentation is available that the ATG was in test mode a minimum of once a month?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(5) Checked for presence of gauge in tanks?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(6) Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation)?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(7) Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods")?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(8) Checked documentation that system was installed, calibrated and maintained according to manufacturer's instructions?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(9) Maintenance records are available upon request?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(10) Monitoring and testing records are available for the past 12 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(11) Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [2]	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(12) Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [5]	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Comments FAILURE TO PROVIDE DOCUMENTATION TO INDICATE THAT THE ATG UNIT IS CAPABLE TO DETECT WATER IN INCHES.

Inspector's Signature: 

Date: Oct 17, 2014

INSPECTION SUMMARY

Check (✓) the appropriate box:

- Facility in compliance at time of inspection.
- Facility non-compliant with SOC Release Detection.

Failure to provide documentation of annual line leak detector test

Failure to provide documentation of annual line tightness test

- Facility non-compliant with SOC Release Prevention

- Facility non-compliant with SOC Financial Assurance requirements.
- Facility non-compliant with both SOC Release Detection and SOC Release Prevention.

- Facility has other non-SOC compliance issues.

FAILURE TO MAINTAIN DISPENSER SUMPS. CLEAN ALL OF THE DISPENSER SUMPS. ***FAILURE TO MAINTAIN THE SUMP AT DISPENSER 3/4. MODIFY THE FILTER CHANGE PRACTICE TO PREVENT FREE PRODUCT AT THE BOTTOM OF THE DISPENSER SUMP.

Comments: SEE NEXT PAGE

I SHANETTA BROWN certify that I have inspected the above named facility on Oct 17, 2014
(Print Name) (Date/Time)



Inspector's Signature:

IF DELIVERY PROHIBITION IS INVOKED, THE DESIGNATED CLASS A AND CLASS B OPERATOR MUST BE RECERTIFIED WITHIN 45 DAYS OF THE FACILITY BEING RED-TAGGED. IF FUEL DELIVERY PROHIBITION IS NOT IMMEDIATELY IMPLEMENTED, FAILURE TO CORRECT SOC NONCOMPLIANCE ISSUES IN THE TIMEFRAME GIVEN MAY RESULT IN FUEL DELIVERY PROHIBITION.

This inspection checklist and summary serve as your Notice of Noncompliance (if violations are indicated).

You have until Nov 21, 2014 to provide evidence of compliance. Noncompliance issues could result in enforcement actions but not limited to, penalty assessments. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement action.

Katrina Carroll



Name of Owner/Owner's Representative (Please Print)

Signature of Owner/Owner's Representative

Date Oct 17, 2014

INSPECTION SUMMARY

(continued)

Comments:

ACTION DATABASE SEARCH FOR AFIN 59-00214:

NO ACTIVE CASES FOUND.

CONTACT INFORMATION: STORE MANAGER KATRINA CARROL 870-998-2588. DANIEL CREEK MOBILE 573-823-5473/OFFICE
573-219-5785. ENVIRONMENTAL CONTACT: TRACT BARTH 573-876-0381



Inspector's Signature

Date Oct 17, 2014

SITE DIAGRAM

HWY 70 / NORTH
MAIN STREET

DISPENSER

KEROSENE

PREMIUM

REGULAR
UNLEADED

STORE

DIESEL

KEROSENE

Inspector's Signature

Facility ID#

59001626

Date

Oct 17, 2014