

# FY 06 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS (ASTs)

(If you need additional forms, please **Do Not Copy**. Instead, contact the RST Division.)

**Do Not  
Staple**

41001609  
FACILITY ID #

Return original forms to ADEQ, RST Division,  
P. O. Box 8913, Little Rock, AR 72219  
No later than September 30, 2005.

Owner Name (print)  
Hanson Aggregates West Inc.

Address  
8505 Freeport Pkwy, Ste 200

City State Zip Code  
Irving, TX TX 75063-

Facility Name (print)  
Hanson Aggregates West Inc.

Address  
306 Little River 60

City State Zip Code  
Ashdown AR 71822-

Date of Evaluation  
9 / 28 / 05

Please note that completing this checklist does not guarantee you are in compliance with AST requirements. Be sure to check with the Arkansas State Fire Marshal if you have any questions concerning this form or compliance. YOU MUST COMPLETE A NEW FORM ANNUALLY.

RELEASE CONTROL: NFPA 30, 2-3.4

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

|   | AST #1  | AST #2   | AST #3   | AST #4   |
|---|---|--|--|--|
| Double Wall Tank?   | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| Documented Test Results (Mfgs. Recommendations): NFPA 30,2-8.3.5                |   |  |  |  |
| A. Primary Tank (inner)?  | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| B. Interstitial Space?  | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| IMPOUNDING AROUND TANKS (dikes, levees & berms): NFPA 30, 2-3.4.3               |   |  |  |  |
| A. Is base sloped to dike's lowest point?                                       | <input checked="" type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| B. Is volumetric capacity of impoundment greater than capacity of largest tank? | <input checked="" type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| C. Are dike walls constructed from materials that are liquid tight?             | <input checked="" type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| D. Is drain valve lockable, closed and accessible from outside impoundment?     | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| Is Anti-siphon Device installed? NFPA 30A 2-1.7                                 | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| Is current Spill Prevention, Control and Countermeasure Plan available?         | <input checked="" type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| PRESSURIZED PIPING (Underground Piping Only): NFPA 30A, 4-3.3                   |   |  |  |  |
| A. Automatic flow restrictor?   | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA            | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| B. Automatic shutoff device?  | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA            | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| C. Continuous alarm system?   | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA            | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| D. Annual line tightness testing?   | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA            | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |
| SUCTION PIPING (Underground Piping Only):                                       |   |  |  |  |
| A. Tightness Testing?   | <input type="radio"/> Y <input type="radio"/> O <input checked="" type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N <input type="radio"/> NA |

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

-OVER-

40845



**FY 06 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS (ASTs)**

41001609  
FACILITY ID #

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

| CORROSION PROTECTION (Tanks):   | 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"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |
| Tank is retrofitted with which cathodic protection method:            |   |  |  |  |
| A. Impressed Current?   | <input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA                         | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |
| B. Sacrificial Anodes?  | <input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA                         | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |
| Specify any other method used to achieve tank's corrosion protection: |   |  |  |  |

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

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

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

|  |   |  |  |  |
|--|---|--|--|--|
| RECORDS FOR CATHODIC PROTECTION:   |   |  |  |  |
| 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 type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input 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 type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |

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

|   |   |  |  |  |
|---|---|--|--|--|
| SPILL PROTECTION:                           |   |  |  |  |
| AST has working spill protection equipment? | <input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |

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

|  |   |  |  |  |
|--|---|--|--|--|
| OVERFILL PROTECTION:                           |   |  |  |  |
| AST has working overfill protection equipment? | <input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |

| EMERGENCY VENTING:                                | NFPA 30, 2-3.6.1  |  |  |  |
|---|---|--|--|--|
| AST has properly designed emergency relief vents? | <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA |

| 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"/> O <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"/> O <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)<br>Daryl Grimes | Owner Signature<br><i>Daryl Grimes</i> | Date Signed<br>9/28/2005 |
|------------------------------------|--|--------------------------|

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