Arkansas UST-Individual License Application Instructions

An applicant for an Individual License shall provide the following information a minimum of 14 days prior to taking the Arkansas UST License Exam. Failure to do so could result in a delay in the issuance of the license.

- a. Fully completed "Application for License" form including the job experience section which demonstrates that the applicant has had a minimum of one year, within the three years immediately prior to making the application, of field experience in the installation, repair, upgrade, closure and/or tightness testing of underground storage tanks.
- b. Three fully completed "Owner Reference Statement" forms provided by the Department.

 These forms should be returned directly to the Department by each individual reference.
 - i. Three forms should be completed by the **owners** or responsible persons you listed on the job experience page (second page of the application).

OR

- ii. If you had a previous employer for any of the experience you have listed as a UST worker, he/she should complete one "Reference Statement." The other two "Reference Statement" forms should be completed by the owners or responsible persons you listed.
- c. An "Exam Reservation Form" with the date you wish to take the exam circled.
- d. A **nonrefundable check** or money order made payable to the Arkansas Department of Environmental Quality in the following amount:

UST	Individual License to Install, Repair, Upgrade and/or Close	.\$150
UST	License to Test	.\$150
	Contractor with Dual Role Individual License	
UST	Contractor License	.\$300
UST	Company License to Test	.\$300

^{*} Refer to Arkansas Regulation 12.509

e. Mail completed Application Packet to:

ADEQ Regulated Storage Tanks Division 5301 Northshore Drive North Little Rock, AR 72118-5317

f. For assistance, you may call the RST Licensing Coordinator at (501)682-0993.

APPLICATION FOR UST-INDIVIDUAL LICENSE REGULATED STORAGE TANKS DIVISION ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

In order to have this application processed, the applicant <u>must submit</u> a non-refundable fee of one hundred fifty dollars (\$150) for a license or three hundred dollars (\$300) for both Installer and Tester licenses. Make check or money order payable to the Arkansas Department of Environmental Quality. You may mail your check and application to 5301 Northshore Drive, North Little Rock, AR 72118-5317. If you should have any questions, please call the RST Licensing Coordinator at (501) 682-0993.

Coordinator at (501) 662-0993.				
Please PRINT or TYPE				
Name of Applicant: (First)(MI)(Last) Date:				
Mailing Address:	<u>"</u>		Home Phone:	
			ate: Zip):
SSN:		Bir	thdate:	
Contractor Name:			Phone:	
	·	1.01142		
	Contractor/Company _	Licensee	Date issued	
TYPE OF LICENSE:				
INSTALL	REPAIR	UPGRADE	CLOSE	TEST
TECTED ADDITION	NTO ONLY			
TESTER APPLICA				
	submit to the Arkansas			•
1	by the manufacturer that		• • • • • • • • • • • • • • • • • • • •	
·	standard as stated in 40	, , ,		· ·
	, permits, certificates, et		• •	stactorily completed a
training cours	se in the use of each test	ting method listed I	pelow.	
list all table and lin	- 44:			
List all tank and line testing methods to be used by the manufacturer's name and product name:				
	usiness or occupational I		2 2/	
nature of the suspension/revocation. (License may not be issued if suspension or revocation was directly related to competency to install, repair, upgrade, close, or test Underground Storage Tanks.)				
related to competend	by to install, repair, upgra	ide, close, or test l	Inderground Storage	e Lanks.)
1				



EXAMINATION DATES FOR THE YEAR 2019

JANUARY 17	JULY 18
FEBRUARY 21	AUGUST 15
MARCH 21	SEPTEMBER 19
APRIL 18	OCTOBER 17
MAY 16	NOVEMBER 21
JUNE 20	DECEMBER 19

The licensing exam is given on the third Thursday of every month. If you are interested in taking the examination, please indicate by **circling one** of the above dates and return this schedule along with your completed application, disclosure statement, job experience form, job reference forms and a check or money order payable to ADEQ in the amount of \$150.00 at **least 14 days prior to the chosen exam date**.

Print your name and corre	ct mailing address:
Name	
Street Address or P.O. Box	ζ
City	_StateZip
Telephone Number	
Signature	Date
Completed forms should b	e mailed to the following address:
ADEQ Licensing Coordinator Regulated Storage Tanks 5301 Northshore Drive North Little Rock, AR 721	18-5317

For additional information, contact the RST Licensing Coordinator at (501) 682-0993.

Applicant must demonstrate that he or she has had ONE YEAR within the three years immediately prior to making application, of field experience in the Installation, Repair, Upgrade, Closure, or Testing of Underground Storage Tanks. (Refer to <u>ARKANSAS</u> <u>REGULATION 12</u>, Chapter 5 or 6).

(Please complete all blanks except for "state use only")

PLEASE LIST REFERENCES

1. Date of Project:			Facility ID #: _	
Facility Owner's Name:		Owner's email:		Owner's Phone: State:
Facility Location and Address			City	State:
Nature of Project:				
Contractor/Company Name			Contracto	or UST License #:
Supervisor's Name (if other th	an vourself)		Contracto	or UST License #:
Supervisor's Name (if other th	ian yoursen)		Pnone:	
(State Use Only) Verified by p	ohone with:	of	01	r verified by file
2. Date of Project:	Facility Name		Facility ID #	Owner's Phone:State:
Facility Owner's Name:		Owner's email:	radinty 12 m.	Owner's Phone
Facility Location and Address:		Owner soman.	City	Owner s I none.
Nature of Project:			CRJ	State.
Contractor/Company Name:	10		Contracto	r UST License #:
Supervisor's Name (if other than	an yourselt):		Phone:	
(State Use Only) Verified by 1	phone with:	of	01	r verified by file
3. Date of Project:	Facility Name		Facility ID #:	Owner's Phone:
Facility Owner's Name:		Owner's emails	T defility ID ii.	Owner's Phone:
Facility Location and Address:	(Owner seman.	City	State_
Nature of Project:			Ony	State
, <u> </u>				
Contractor/Company Name:			Contracto	or UST License #:
Supervisor's Name (if other th	an yourself):		Phone:	
				r verified by file
4. Date of Project:	Facility Nama		Facility ID	ш.
Facility Owner's Name:	acmity Ivame	Owner's emails	Facility ID	Owner's Phone:
Facility Location and Address		Owner's email.	City	Owner's Phone:State:
Nature of Project:			City	State:
Tratare of Froject.				
Contractor/Company Name:			Contracto	or UST License #:
Supervisor's Name (if other th	an yourself):		Phone:	
(State Use Only) Verified by	phone with :	of		r verified by file
years of age and that statements	s made herein are true t	o the best of my knowledge an	d belief. I further certi	certify that I am at least eighteen (18) fy that I am familiar with and understai de, closure, or testing of an underground
NAME (PRINT OR TYPE)			APPLICANT'S SIGN	IATURE
By affixing my signature to t supervisory control over the	this document, I am c UST work and will b	ertifying that the above name oe physically present at all o	med individual is qua critical junctures.	alified to exercise responsible
NAME (TYPE OR PRINT)		-	SUPERVISOR'S SIC	GNATURE
			TELEPHONE NUM	BER DATE
			TEEDI IIOINE INOIN	DATE

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair; upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality Regulated Storage Tank Division

or:	Prese	ent Employer:	
(Applicant's Name)			
	Previou	us Employer:	
City:State:_	Zip:	(if	applicable)
Date Job was Performed:			
Facility Name:	P	hone:	
Location	City:	ST:	zip:
Description of UST work done:			
	West of the second seco		
		····	
Owner/Responsible Person of the			
1,(Print your name)			ove are true t
the best of my knowledge and			
Date:		ture of Owner/Responsib	le Person)
Address:	City:	\$T:	Zip:
Phone:			
ŀ			

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality Regulated Storage Tank Division

No. 11 Control of the	North Little Rock, Af	R 72118-5317		
Applicant should provid	le this information	; ac		
For:		Present Empl	oyer:	
(Applicant's Name				
Address:		_Previous Emplo		
City:Stat			(if	applicable)
Date Job was Performed:				
Facility Name:		Броие :		
Location	City:		ST:	Zip:
Description of UST work dor				
Υ,		that the grate		nove are true fo
(Print your na the best of my knowledge a	me)	chac the state	menes made at	ove are true to
Date:				J. Burney
		(Signature of	Owner/Responsib	te rerson)
Address:	cı	ty:	ST:	Zip:
Phone i				
Phone :				
97/07/17				

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality Regulated Storage Tank Division

(Applicant's Name) Address:	
Address:	sent Employer:
State:Zip:	7 - 3 - 10 - 10
Tacility Name:	ous Employer:
City: Description of UST work done: Owner/Responsible Person of the above facility should I recommend (or do not recommend) the above named pe I,	(if applicable)
Owner/Responsible Person of the above facility should recommend (or do not recommend) the above named pe I,	
Owner/Responsible Person of the above facility should I recommend (or do not recommend) the above named pe I,	Phone :
Owner/Responsible Person of the above facility should be above named person of the above named person of the above named person (or do not recommend) the above named person of the above facility should be above named person of the above facility should be above named person of the a	ST;Zip;
Owner/Responsible Person of the above facility should be recommend (or do not recommend) the above named pe I,	
I recommend (or do not recommend) the above named pe I, (Print your name) the best of my knowledge and belief. (Signature of the above facility should be above named pe	
I recommend (or do not recommend) the above named pe I,	
(Print your name) the best of my knowledge and belief. Date: (Signature)	
(Sig	the statements made above are true
Address:City:	nature of Owner/Responsible Person)
	ST:Zip:
Phone:	

REFERENCE STATEMENT FROM PREVIOUS EMPLOYER/SUPERVISOR

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality

Regulated Storage Tank Division

(Applicant's Name) Address:	For:	Present Employ	er:
City:			
Pacility Name:	Address:	Previous Employe	r:
Previous Employer/Supervisor should provide the following information: I recommend (or do not recommend) the above named person because: (Print your name) exercise responsible supervisory control over an underground storage tank:installation ropair, _upgrade,closure, ortightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:	City:State:	Zip:	(if applicable)
Description of UST work done: Previous Employer/Supervisor should provide the following information: I recommend (or do not recommend) the above named person because: I,, certify that the above named individual is qualified to (Print your name) exercise responsible supervisory control over an underground storage tank: _installatic_repair, _upgrade, _closure, or _tightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:	Date Job was Performed:		
Previous Employer/Supervisor should provide the following information: I recommend (or do not recommend) the above named person because: I,, certify that the above named individual is qualified to (Print your name) exercise responsible supervisory control over an underground storage tank: _installation:	Facility Name:	Phone :	
Previous Employer/Supervisor should provide the following information: I recommend (or do not recommend) the above named person because: I,, certify that the above named individual is qualified to (Print your name) exercise responsible supervisory control over an underground storage tank: _installatio_repair, _upgrade, _closure, or _tightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:	Location	City:	ST:Zip:
(Print your name) exercise responsible supervisory control over an underground storage tank:installatiorepair,upgrade,closure, ortightness test(if included) AND that the statements make above are true to the best of my knowledge and belief. Date:	Description of UST work done:		
I recommend (or do not recommend) the above named person because: I,, certify that the above named individual is qualified to (Print your name) exercise responsible supervisory control over an underground storage tank:installatiorepair, _upgrade,closure, ortightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:			
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exercise responsible supervisory control over an underground storage tank:installaticrepair,upgrade,closure, ortightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:		, certify that the above named i	ndividual is qualified to
repair,upgrade,closure, ortightness test(if included) AND that the statements me above are true to the best of my knowledge and belief. Date:			45-6-13-62
Date: (Signature of Owner/Responsible Person) Address: City: ST: Zip:	repair upgrade, closur	ory control over an underground st	AND that the statements mad
(Signature of Owner/Responsible Person) Address:ST:Zip:	above are true to the best o	my knowledge and belief.	
(Signature of Owner/Responsible Person) Address:ST:Zip:			
Address:ST:Zip:	Date:		
2K1	Ļ	(Signature of Ow	mer/Responsible Person)
Phone:	Address:	City:	ST:Zip:
Phone:	38		
	Phone:		
	97/07/17		

INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;
- Phase 1 Consultants, as defined in APC&EC Regulation 32;
- Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);
- Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;
- Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;
- Individual Homeowners seeking coverage under General Permit ARG5500000;
- Wastewater Operator Licenses, as defined in APC&EC Regulation 3;
- Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);
- Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;
- Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;
- Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and
- Asbestos Certification Renewals, as defined in Regulation 21.

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:
A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.
If Not Submitting by ePortal, Mail Original to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317
1. APPLICANT: (Full Name)
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):
3. CITY, STATE, AND ZIPCODE:
4a. Applicant Type:
Individual Corporate or Other Entity
4b. Reason for Submission:
Permit License Certification Operational Authority
New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:
Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on

. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational	
authorization relating to environmental regulation. (Attach additional pages, if necessary.)	
	- 1
	- 1
	- 1
7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applican in the last ten (10) years including:	it *
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority; Actions that have resulted in a finding or a settlement of a violation; and 	it*
 Administrative enforcement actions resulting in the imposition of sanctions; Permit or license revocations or denials issued by any state or federal authority; Actions that have resulted in a finding or a settlement of a violation; and Pending actions. 	it *
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in the last ten (10) years including: 1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)	t*
in the last ten (10) years including: 1. Administrative enforcement actions resulting in the imposition of sanctions; 2. Permit or license revocations or denials issued by any state or federal authority; 3. Actions that have resulted in a finding or a settlement of a violation; and 4. Pending actions. (Attach additional pages, if necessary.)	

8. List all officers of the Applicant. (Ad	additional pages, if necessary.)
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
CITY, STATE, ZIP:	
# # # # # # # # # # # # # # # # # # #	
9. List all directors of the Applicant. (A	dd additional pages, if necessary.)
NAME:	TITLE:
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
	99
NAME:	TITLE:
10. List all partners of the Applicant.	Add additional pages, if necessary.)
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
The state of the state of	
CITY, STATE, ZIP:	
11. List all persons employed by the A	plicant in a supervisory capacity or with authority over operations of the facility subject to this application.
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
COLUMN 100 CONSCIONAL PARTIES AND ADDRESS OF THE	

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.		
NAME:	TITLE:	
STREET:		
	TITLE:	
CITY, STATE, ZIP:		
NAME:	TITLE;	
STREET:		
	Applicant holds a debt or equity interest of more than five percent (5%).	
NAME:	TITLE:	
CITY, STATE, ZIP:		
	TITLE:	
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
14. List any parent company of the A	pplicant. Describe the parent company's ongoing organizational relationship with the Applicant.	
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STREET:		
CITY, STATE, ZIP:		
Organizational Relationship:		
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15. List any subsidiary of the Applic	ant. Describe the subsidiary's ongoing organizational relationship with the Applicant.	
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17. List all federal environme	ntal agencies and any other environmental agencies outside this state that hav	
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18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I,			
APPLICANT	e e		
SIGNATURE:			
TITLE:			
DATE:			



Following is a list of materials used in the preparation of the UST Licensing examination. Regulation No. 12 is available from the ADEQ website listed below. The remaining publications are either EPA documents or industry standards and should be ordered from the marketing department of the appropriate publishers. Their address and phone numbers are provided below for your convenience.

The following three publications can be obtained by visiting the E.P.A. website at this address: www.epa.gov./oust/pubs/index.htm

- > EPA Straight Talk on Tanks
- > EPA Musts for USTs
- > EPA Technical Standards (40 CFR 280)

ADEO STUDY MATERIAL

 Arkansas Regulation 12 (can be downloaded from www.adeq.state.ar.us)

EXAMINATION STUDY MATERIALS TO ORDER

"Recommended Practices for Installation of Underground Liquid Storage Systems" (PEI/RP100-05)

Order from:

Petroleum Equipment Institute P.O. Box 2380

Tulsa, OK 74101-2380

(918) 494-9696

- "Installation of Underground Petroleum Storage Systems" (API 1615)
- "Cathodic Protection of Underground Petroleum Storage Tanks and Piping Systems" (API 1632)
- "Closure of Underground Petroleum Storage Tanks" (API 1604)

Order from:

American Petroleum Institute, Order Desk 1220 L Street N.W., 9th Floor Washington, D.C. 20005 (202) 682-8375

> "Automotive and Marine Service Station Code" (ANSI/NFPA 30A)

Order from:

National Fire Protection Association
Customer Service Department
1 Batterymarch Park
P.O. Box 9101
Output MA 02269 9101

Quincy, MA 02269-9101 (617) 770-3000



Directions to ADEQ Headquarters in North Little Rock, AR

5301 Northshore Drive, North Little Rock, AR 72118-5317

I-430 N (from Little Rock/ Texarkana)

- From I-430 North toward Little Rock
- Drive past Little Rock and over the Arkansas River
- Take the Crystal Hill Road (AR 100)/ Maumelte exit - EXIT 12
- . Turn right onto Crystal Hill Road (AR 100)
- · Turn right onto Northshore Drive
- · Follow road to ADEQ Headquarters

I-40 E (from Conway/Fort Smith)

- · From I-40 East toward Little Rock
- Take EXIT 147 I-430 toward Texarkana
- Take the Crystal Hill Road (AR 100)/ Maumelle exit - EXIT 12
- Turn left onto Crystal Hill Road (AR 100)
- . Turn right onto Northshore Drive
- Follow road to ADEQ Headquarters

1-40 W (from Memphis)

- . From I-40 West toward Fort Smith
- . Take Crystal Hill Road (AR 100) EXIT 148
- . Turn left onto Crystal Hill Road (AR 100)
- . Turn Left onto Northshore Drive
- . Follow road to ADEQ Headquarters

1-30 E (from Pine Bluff)

- From I-30 East (US-167 North/ US-65 North) toward Little Rock
- Merge onto I-40 West (US-65) via EXIT 143A on the left toward Fort Smith
- Take the Crystal Hill Road (AR 100)/ Maumelle exit - EXIT 148
- . Turn left on Crystal Hill Road
- . Turn left onto Northshore Drive
- · Follow road to ADEQ Headquarters

www.adeq.state.ar.us

ADEQ: 501-682-0744

Ravised: 09/2009



