

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

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

Do Not Staple

Apr 31 - 00010

31000022
FACILITY ID #

Return original forms to ADEQ, RST Division,
5301 Northshore Dr., No. Little Rock, AR 72118-5317
No later than **September 30, 2008**.

Owner Name (print)
CERTAINTeed GYPSUM INC

Address
794 HIGHWAY 369 N

City NASHVILLE **State** AR **Zip Code** 71852-

Facility Name (print)
CERTAINTeed GYPSUM INC

Address
794 HIGHWAY 369 N

City NASHVILLE **State** AR **Zip Code** 71852-

Date of Evaluation
08/15/08

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 # 5	AST # 6	AST # 7	AST # 8
Double Wall Tank?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
Documented Test Results (Mfgs Recommendations): NFPA 30,2-8.3.5				
A. Primary Tank (inner)?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA
B. Interstitial Space?	<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

IMPOUNDING AROUND TANKS (dikes, levees & berms): NFPA 30, 2-3.4.3

A. Is base sloped to dike's lowest point?	<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
B. Is volumetric capacity of impoundment greater than capacity of largest tank?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <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"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <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"/> 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
Anti-siphon Device installed? NFPA 30A 2-1.7	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <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"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA	<input checked="" type="radio"/> Y <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"/> 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
B. Automatic shutoff device?	<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
C. Continuous alarm system?	<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
D. Annual line tightness testing?	<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

SUCTION PIPING (Underground Piping Only):

A. Tightness Testing?	<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
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2008-2009 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS

31000022

FACILITY ID #

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

	AST #10	AST #11	AST #3	AST #4
Is tank in contact with its environment (soil or water)?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA	<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
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 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
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 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
Specify any other method used to achieve tank's corrosion protection:	PAINT PAINT			

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

Piping is non-corrodible material (fiberglass, flexible piping, etc.)?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA	<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
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 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
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 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
Specify any other method used to achieve piping's corrosion protection:	NA NA			

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 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 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

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

AST has working spill protection equipment?	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA	<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
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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 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 type="radio"/> O <input type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> NA
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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 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
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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 checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input 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 checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input 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) <i>Greg McLean</i>	Owner Signature <i>Greg McLean</i>	Date Signed 8-15-2008
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RECEIVED

AUG 19 2008

ADEQ-RST

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