

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

70-00039

70001503
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)
Martin Resource Management Corp.

Address
4200 Stone Road

City Killgore **State** TX **Zip Code** 75662-

Facility Name (print)
Cross Oil Refining & Marketing Inc.

Address
484 East 6th

City Smackover **State** AR **Zip Code** 71762-

Date of Evaluation
08/28/08

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 #14	AST #215	AST #316	AST #417
Double Wall Tank?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
Documented Test Results (Mfgs. Recommendations): NFPA 30, 2-8.3.5				
A. Primary Tank (inner)?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
B. Interstitial Space?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA

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

A. Is base sloped to dike's lowest point?	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA
B. Is volumetric capacity of impoundment greater than capacity of largest tank?	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA
C. Are dike walls constructed from materials that are liquid tight?	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA
D. Is drain valve lockable, closed and accessible from outside impoundment?	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA
Is Anti-siphon Device installed? NFPA 30A 2-1.7	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
Is current Spill Prevention, Control and Countermeasure Plan available?	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA	● Y <input checked="" type="radio"/> N O NA

PRESSURIZED PIPING (Underground Piping Only): NFPA 30A, 4-3.3

A. Automatic flow restrictor?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
B. Automatic shutoff device?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
C. Continuous alarm system?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
D. Annual line tightness testing?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA

SUCTION PIPING (Underground Piping Only):

A. Tightness Testing?	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA	O Y <input checked="" type="radio"/> N O NA
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Shade Circles Like This--> ● Not Like This--> ~~○~~

-OVER-

29929



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70001503

FACILITY ID #

CORROSION PROTECTION (Tanks):

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

	AST #106	AST #207	AST #311	AST #413
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 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. 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 checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA
Specify any other method used to achieve tank's corrosion protection:	Visual Inspection			

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 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 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. 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 checked="" type="radio"/> NA	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> NA
Specify any other method used to achieve piping's corrosion protection:	Visual Inspection			

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 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
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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 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
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EMERGENCY VENTING:

NFPA 30, 2-3.6.1

AST has properly designed emergency relief vents?	<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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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 checked="" type="radio"/> Y <input type="radio"/> N <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"/> 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) Charles E. Clark	Owner Signature 	Date Signed 9/28/08
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