

Arkansas Department of Environmental Quality

UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): **JOE VAN YEE**
 Street Address **2908 S. LAKE SHORE**
 County **CHICOT**
 City **LAKE VILLAGE** State **AR** Zip Code **71653**
 Area Code **870** Phone Number **265-3293**
 Contact Person At UST Location Phone #

B. Location of Tank(s)

(If Same as Section 1, check here)
 Facility Name or Company Site Identifier, as applicable **JOE VAN YEE**
 Street Address or State Road, as applicable **626 Main**
 City (nearest) **Lake Village** State **AR** Zip Code **71653**
 County **CHICOT**
 Number of Tanks at This Location: **2**
 Facility ID#: **09001622**

C. Tank Information

| | | | | |
|---|----------------|----------------|---------------|---------------|
| (1) Tank(s) presently in use | Tank# 1 | Tank# 2 | Tank# | Tank# |
| (2) If not in use, date last used | UNK | UNK | | |
| (3) If emptied, verify 1" or less of product in tank | 4 | V | | |
| (4) Month and Year Tank Installed (E-estimate or K-known) | 1950 | 1950 | | |
| (5) Material of Construction (E-estimate or K-known) | STEEL | STEEL | | |
| (6) Capacity of Tank (in gallons)(E-estimate or K-known) | 1000 | 550 | | |
| (7) Substance Stored (E-estimate or K-known) | COASLINE | COASLINE | | |

D. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

(1) Manual Tank Gauging (only for tanks under 1,000 gal.)
 (2) Manual Tank Gauging and Tank Tightness Testing (only for tanks under 2,000 gal.)
 (3) Tank Tightness Testing and Inventory Control
 (4) Automatic Tank Gauging
 (5) Vapor Monitoring
 (6) Groundwater Monitoring
 (7) Interstitial Monitoring
 (8) Other approved method (write in name of method)

NONE**E. Release Detection For Piping**

Check the release detection method(s) used for piping.

| | | | |
|--|---------------|-------------------------------------|-------------------------------------|
| (1) Check Type of Piping for each Tank | Pressure Pipe | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Suction Pipe | | |
| (2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, and (check one) | | | |
| (a) Vapor Monitoring | | | |
| (b) Groundwater Monitoring | | | |
| (c) Secondary Containment With Monitoring | | | |
| (d) Line Tightness Testing | | | |

F. Financial Assurance

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (circle one) Yes No N/A If No or N/A for PSTTF, mechanism for meeting financial
 (2) Can PSTTF deductible be satisfied? (circle one) Yes No N/A responsibility?

G. Site Information

General site observations and comments (vicinity observations, groundwater level, etc.) **SITE IS TURN DOWN.**
TANKS NOT UPGRADED

I, Randy Fawley, certify that I have inspected the above named facility on **5-15-06**
 (Print Name) (Date/Time)

Inspector's Signature: R. Fawley Date: **5-15-06**

Release Detection for Piping

Facility ID#: 09001622**Pressurized Piping**

A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional piping.

| Set 1 | Tank 1 | Tank 2 | Tank | Tank |
|---|--------|--------|------|------|
| (1) Automatic Flow Restrictor | | | | |
| (2) Automatic Shut-off Device | | | | |
| (3) Continuous Alarm System and | | | | |
| Set 2 | | | | |
| (4) Annual Line Tightness Testing | | | | |
| (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 Release 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 | / | / | |

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size & substances stored) and location of wells and their distance from tanks and piping.

Comments: _____

I, Randy Fowlert certify that I have inspected the above named facility on 5-15-06
 (Print Name) (Date/Time)

Inspector's Signature: R. Fowlert Date: 5-15-06

RELEASE PREVENTION

Facility ID#: 09001622

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

| I. SPILL PREVENTION | Tank# 1 | Tank# 2 | Tank# | Tank# |
|--|---------|---------|-------|-------|
| (1) Spill prevention device present and operational. | NO | NO | | |
| (2) Spill prevention device in good repair. | NO | NO | | |
| (3) Spill prevention device has no significant debris or liquid. | NO | NO | | |
| II. OVERFILL PREVENTION | | | | |
| (1) Overfill prevention device present and operational. [2] | NO | NO | | |
| 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. [3] | | | | |
| (6) CP system performing adequately based on results of testing. | NO | NO | | |

Comments:

NO OVERFILL

NO SPILL BUCKETS

NO CORROSION PROTECTION

Inspector's Signature

R Powell

Date 5.15.06

RELEASE PREVENTION (Cont'd)

Facility ID#: 09001622

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. | | | | | | | | |
| (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) Components (i.e. flex lines, supports, etc.) are protected as required. | | | | | | | | |
| (5) Operational records available. | | | | | | | | |
| D. Impressed current | | | | | | | | |
| (1) Designed by CP expert/specialist. | | | | | | | | |
| (2) Tested in a timely manner. | | | | | | | | |
| (3) Rectifier is operational. | | | | | | | | |
| (4) Components of timely check. | | | | | | | | |
| (5) Corrective action taken on failed check. | | | | | | | | |
| (6) Operational records available. | | | | | | | | |
| (7) CP system maintained. | | | | | | | | |
| (8) Components (i.e. flex lines, supports, etc.) are protected as required. | | | | | | | | |

Comments:

NO CORROSION PROTECTION

Inspector's Signature

R Powell

Date 5-15-06

INSPECTION SUMMARY

(An asterisk (*) denotes violation)

Check (✓) the appropriate box:

- Facility non-compliant with SOC Release Detection.
- Facility non-compliant with SOC Release Prevention.
- Facility non-compliant with both SOC Release Detection and SOC Release Prevention.
- Facility has other non-SOC compliance issues.
- Facility in compliance at time of inspection.

* FAILURE TO PROVIDE RELEASE DETECTION
* FAILURE TO PROVIDE RELEASE PREVENTION
* FAILURE TO MEET 1997 UPGRADE REQUIREMENTS

RED TAG
#169
121

OWNER NOT AVAILABLE FOR INSPECTION

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

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

Signature of Owner/Owner's Representative

Date