

Leak Detection Inspection Checklist

A. Ownership of Tank(s) 460		B. Location of Tank(s)	
Owner Name (Corporation, individual, Public Agency, or other entity): <u>BIG RED - BOB JONES</u>		(If Same as Section 1, check here <input type="checkbox"/>) Facility Name or Company Site Identifier, as applicable: <u>BIG RED #30</u>	
Street Address: <u>813 EDWARDS</u>		Street Address or State Road, as applicable: <u>8006 DOLLARWAY ROAD</u>	
County: <u>JEFFERSON</u>		City (nearest): <u>WHITES HALL</u>	
City: <u>WHITES HALL</u>		State: <u>AR</u>	
Area Code: <u>870</u>		Zip Code: <u>71602</u>	
Phone Number: _____		Country: <u>JEFFERSON</u>	
Contact Person At UST Location: _____		Number of Tanks at This Location: <u>34. 27117</u>	
Phone #: _____		Facility ID#: <u>35000034</u>	

C. Tank Information

(1) Tank(s) presently in use	Tank 1	Tank 2	Tank 3	Tank 4
(2) If not in use, date last used				
(3) If emptied, verify 1" or less of product in tank				
(4) Month and Year Tank Installed (E-estimate or K-known)	<u>K 1974</u>	<u>K 1974</u>	<u>K 1978</u>	
(5) Material of Construction (E-estimate or K-known)	<u>K STEEL</u>	<u>K STEEL</u>	<u>K STEEL</u>	
(6) Capacity of Tank (in gallons) (E-estimate or K-known)	<u>K 3000</u>	<u>K 3000</u>	<u>K 3000</u>	
(7) Substance Stored (E-estimate or K-known)	<u>K GAS</u>	<u>K GAS</u>	<u>K GAS</u>	

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)				

E. Release Detection For Piping

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

(1) Check Type of Piping for each Tank	Pressure Pipe	✓	✓	✓	
	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. Corrosion, Spill/Overfill Protection

(1) Corrosion protection installed (indicate date): <u>STEEL LINED TANKS 1984 FRD PIPE</u>	
(2) Spill/Overfill protection installed (indicate date): <u>SOIL BUCKETS / FLAPPER VALVES</u>	

G. Trust Fund Certification

(1) Certification? <u>Yes</u> No N/A (circle one)	
If N/A, mechanism for meeting financial responsibility? _____	
(2) Can deductible be satisfied? <u>Yes</u> No N/A (circle one)	

H. Site Information

General site observations and comments (vicinity observations, ground water level, etc.): _____

I, Randy Fowler, certify that I have inspected the above named facility on 5-4-04 2:00
 (Print Name) (Date/Time)

Inspector's Signature: R. Fowler Date: 5-4-04

Release Detection for Piping

Facility ID#: 35000034

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 3	Tank
(1) Automatic Flow Restrictor	✓	✓	✓	
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
Set 2				
(4) Annual Line Tightness Testing	X	X	X	
(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: NEED SITE ASSESSMENT FOR GW WELLS

LLD'S TESTED 10-15-03 ALL PASS

I, BARRY FOWLER certify that I have inspected the above named facility on 5-4-04 2:00
(Print Name) (Date/Time)Inspector's Signature: R Fowler Date: 5-4-04

Groundwater Monitoring

Facility ID#: 35 000034Date GWM System Installed: 1994Number of Wells: 6Distance of well from tank(s): (1) 3' (2) 3' (3) 2' (4) _____Distance of well from piping: (1) _____ (2) 6" (3) 6" (4) 6"Site assessment was conducted by: UNKNOWN

Location of Site Assessment Documentation: _____

Please answer each question for each well

If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well <u>1</u>	Well <u>2</u>	Well <u>3</u>	Well <u>4,5,6</u>
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y Y Y</u>
(2) Well was opened & presence of water was observed in well at depth of _____ feet?	<u>6'</u>	<u>6'</u>	<u>6'</u>	<u>1' 1' 1'</u>

Please check 'YES' or 'NO' for each question

(3) Wells are used to monitor piping?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(4) Site assessment was performed prior to installation of wells?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(5) Documentation of monthly readings is available?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(6) Specific gravity of product is less than one?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to: _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(8) Groundwater is not more than 20 feet from ground surface?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(9) Wells are sealed from the ground surface to top of filter pack?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(10) Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth inch of free product on top of groundwater in well?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(11) Groundwater is monitored: <input checked="" type="checkbox"/> Manually on a monthly basis? <input type="checkbox"/> Automatically (continuously, or on a monthly basis [Circle one]).				
(12) If groundwater is monitored <u>manually</u> : Bailer used is accessible & functional?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(13) If groundwater is monitored <u>automatically</u> : Monitoring box is operational?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(14) Checked for presence of sensor in monitoring well?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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: _____

Inspector's Signature: R. FowlDate: 5-4-04

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.

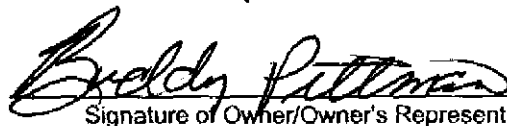
* NEED LINING DOCUMENTATION FOR TANKS

* NEED CORROSION PROTECTION FOR SUB PUMPS

* NEED MONITORING WELL SITE ASSESSMENT

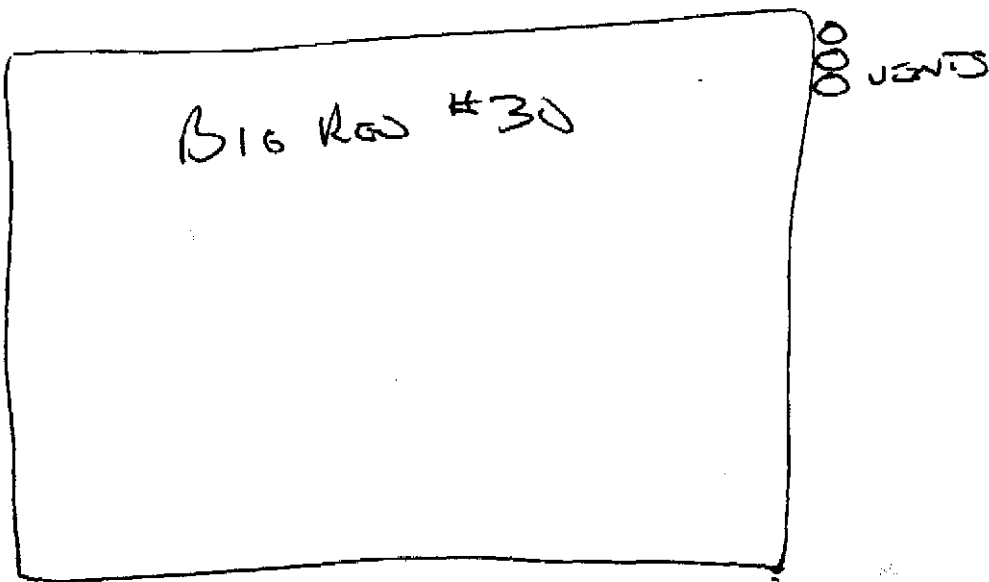
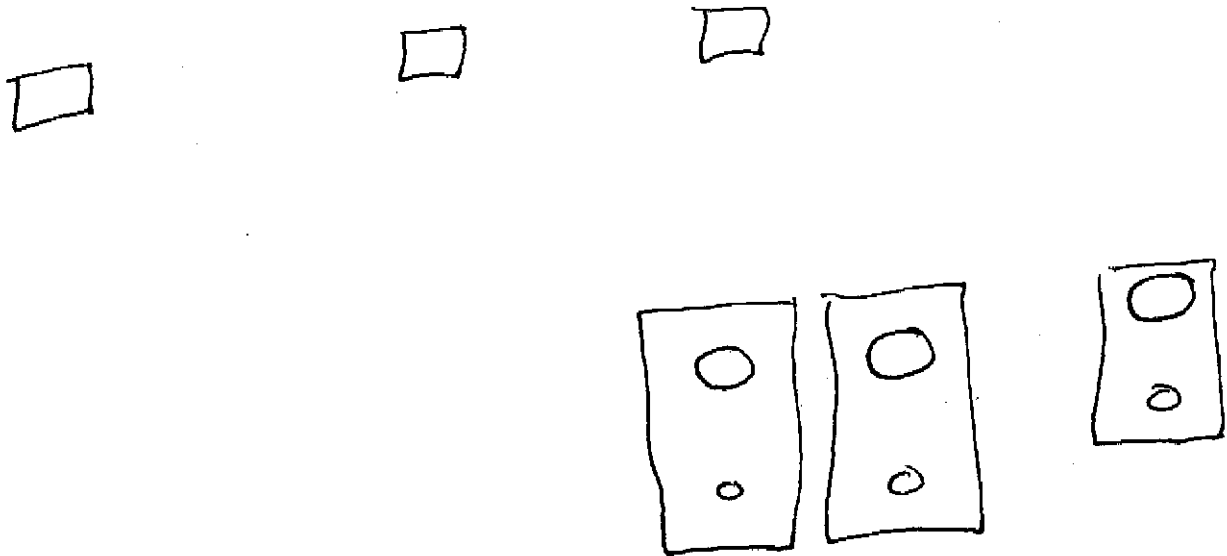
This inspection checklist and summary serve as your Notice of Noncompliance (if violations are indicated).

You have until June 4 04 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

5-4-04
Date

SITE DIAGRAM



Facility name:

Big Red #30

Facility ID#

35000034

Date

5-4-04