Inspection # 13876

Arkansas Department of Environmental Quality
UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): BIG JIMS BIG RED LLC

Street Address: PO Box 21177

County: JEFFERSON

City: White Hall State: AR Zip Code: 71602

Area Code / Phone Number: 870 247-1607

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: BIG JIMS BIG RED

Street Address or State Road, as applicable: 90006 DOLLARWAY RD

City (nearest): White Hall State: AR Zip Code: 71602

County: JEFFERSON

Number of Tanks at This Location: 3

Facility ID#: 35000034

C. Tank Information

(1) Tank(s) presently in use		Tank# 1	Tank# 2	Tank# 3	Tank#
(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)	K	1974	1974	1978	
(5) Material of Construction (E-estimate or K-known)	K	STEEL	STEEL	STEEL	
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	K	8000	8000	3000	
(7) Substance Stored (E-estimate or K-known)	K	GASOLINE	GASOLINE	GASOLINE	

D. Release Detection For Tanks

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

	Tank# 1	Tank# 2	Tank# 3	Tank#
(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.

		Tank# 1	Tank# 2	Tank# 3	Tank#
(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. 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.) ____

I, Randy Fowler (Print Name), certify that I have inspected the above named facility on 7-5-06 (Date/Time)

Inspector's Signature: R Fowler Date: 7-5-06

Release Detection for Piping

Facility ID#: 35 0000034

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				
(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?	Y	Y	Y	
(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 Fowler (Print Name) certify that I have inspected the above named facility on 7-5-06 (Date/Time)

Inspector's Signature: R Fowler Date: 7-5-06

RELEASE PREVENTION

Facility ID#: 35000034

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

I. SPILL PREVENTION	Tank# 1	Tank# 2	Tank# 3	Tank#
(1) Spill prevention device present and operational. [1]	✓	✓	✓	
(2) Spill prevention device in good repair.	✓	✓	✓	
(3) Spill prevention device has no significant debris or liquid.	✓	✓	✓	
II. OVERFILL PREVENTION				
(1) Overfill prevention device present and operational. [2]	✓	✓	✓	
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. [5]				
(6) CP system performing adequately based on results of testing. [5]				

Comments:

Inspector's Signature R Powell Date 7-5-06

RELEASE PREVENTION (Cont'd)

Facility ID#: 35000034

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

IV. CORROSION PROTECTION A. Material of Construction (Check all that apply)	System# 1		System# 2		System# 3		System#	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
NON-CORRODIBLE		✓		✓		✓		
CORRODIBLE	✓		✓		✓			
B. Internal lining								
(1) Installed according to a recommended practice.								
(2) Inspected in a timely manner and lining is in compliance. [7]	✓		✓		✓			
(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) Metal components (e.g., flex connectors, flex lines, submerged pumps, etc.) protected as required. [8]		✓		✓		✓		
(5) Operational records available.								
D. Impressed current								
(1) Designed by CP expert/specialist.								
(2) Tested in a timely manner.								
(3) Rectifier is operational.								
(4) Rectifier reviewed at 60 day check. [6]								
(5) Corrective action taken on failed check.								
(6) Operational records available.								
(7) CP system maintained.								
(8) Metal components (e.g., flex lines, submerged pumps, etc.) protected as required. [8]								

Comments:

1 YR INSPECTION BY TANK TECH 2-1-02

NEXT 5 YR INSPECTION DUE 2-2007

Inspector's Signature R Pond Date 2-5-02

Groundwater Monitoring

Facility ID#: 35000034

Date GWM System Installed: 1994 Number of Wells: 6

Distance of well from tank(s): (1) INPIT (2) INPIT (3) INPIT (4) _____

Distance of well from piping: (1) _____ (2) _____ (3) _____ (4) INTRUCK

Site assessment was conducted by: CRUZEN 6-21-04

Location of Site Assessment Documentation: ON SITE

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# 1	Well# 2	Well# 3	Well# 4
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	Y	Y	Y	Y
(2) Well was opened & presence of water was observed in well at depth of _____ feet?	43'	43'	43'	13'

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

(3)	Wells are used to monitor piping?	YES	✓	NO	
(4)	Site assessment was performed prior to installation of wells? AFTER	YES		NO	✓
(5)	Documentation of monthly readings is available?	YES	✓	NO	
(6)	Specific gravity of product is less than one?	YES	✓	NO	
(7)	Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to:	YES	✓	NO	
(8)	Groundwater is not more than 20 feet from ground surface?	YES	✓	NO	
(9)	Wells are sealed from the ground surface to top of filter pack?	YES	✓	NO	
(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	✓	NO	
(11)	Groundwater is monitored: (X) Manually on a monthly basis? ( ) Automatically (continuously, or on a monthly basis [Circle one]).				
(12)	If groundwater is monitored manually: Bailer used is accessible & functional?	YES	✓	NO	
(13)	If groundwater is monitored automatically: Monitoring box is operational?	YES		NO	
(14)	Checked for presence of sensor in monitoring well?	YES		NO	

Comments _____

Inspector's Signature: R Pound Date: 7-5-06

Groundwater Monitoring

Facility ID#: 35000034

Date GWM System Installed: 1994 Number of Wells: 6

Distance of well from tank(s): (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping: (1) EASTERN (2) EASTERN (3) _____ (4) _____

Site assessment was conducted by: CRUTCH 6-21-04

Location of Site Assessment Documentation: ON SITE

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# 5	Well# 6	Well#	Well#
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	Y	Y		
(2) Well was opened & presence of water was observed in well at depth of _____ feet?	13"	13"		

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

(3)	Wells are used to monitor piping?	YES	✓	NO	
(4)	Site assessment was performed prior to installation of wells? AFTER	YES		NO	✓
(5)	Documentation of monthly readings is available?	YES	✓	NO	
(6)	Specific gravity of product is less than one?	YES	✓	NO	
(7)	Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to:	YES	✓	NO	
(8)	Groundwater is not more than 20 feet from ground surface?	YES	✓	NO	
(9)	Wells are sealed from the ground surface to top of filter pack?	YES	✓	NO	
(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	✓	NO	
(11)	Groundwater is monitored: (X) Manually on a monthly basis? ( ) Automatically (continuously, or on a monthly basis [Circle one]).				
(12)	If groundwater is monitored manually: Bailer used is accessible & functional?	YES	✓	NO	
(13)	If groundwater is monitored automatically: Monitoring box is operational?	YES		NO	
(14)	Checked for presence of sensor in monitoring well?	YES		NO	

Comments _____

Inspector's Signature: R Powell Date: 7-5-04

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.

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

7-5-2006
Date