

ARKANSAS DEPARTMENT OF ENERGY & ENVIRONMENT - DEQ
UST COMPLIANCE INSPECTION CHECKLIST

A. Ownership of Tank(s)	B. Location of Tank(s)
(If same as "Owner", check here: <input type="checkbox"/>)	
Owner Name (Corporation, Individual, Public Agency, or other entity) _____	Facility Name or Company Site Identifier, as applicable _____
Street Address _____	Street Address or State Road, as applicable _____
County _____	County _____
City, State Zip _____	City (nearest), State Zip _____
Phone Number _____	Phone Number _____
Contact Person at UST Location: _____	Number of Tanks at This Location: _____
Phone Number: _____	Registration certificate posted in a conspicuous location: <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Tank Information

(1) Tank(s) presently in use	Tank # _____	Tank # _____	Tank # _____	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)				
(5) Material of Construction (E-estimate or K-known)				
(6) Capacity of Tank (in gallons) (E-estimate or K-known)				
(7) Substance Stored (E-estimate or K-known)				

D. Release Detection For Tanks

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Check Type of Piping for each Tank	Pressure Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suction Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, <u>and</u> (check one)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Vapor Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Groundwater Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other approved method (write in name of method)					

COMPLIANCE INSPECTION CHECKLIST

Date: _____

Please save your changes before proceeding.

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE DETECTION FOR PIPING**Pressurized Piping**

A method must be selected from each set. Where applicable indicate date of last test.

Set 1	Tank # _____	Tank # _____	Tank # _____	Tank # _____
(1) Automatic Flow Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Automatic Shut-off Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Continuous Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and				
Set 2				
(4) Annual Line Tightness Testing				
(5) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) If Interstitial Monitoring, documentation of monthly monitoring is available?				
(9) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) If Groundwater Monitoring, documentation of monthly monitoring is available?				
(11) Other Approved Method (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suction Piping

Indicate date of most recent test.

(12) Line Tightness Testing (required every 3 years)				
(13) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14) Secondary Containment with Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(15) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(16) Other Approved Method (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(17) No Leak Detection Required? (must answer yes to all of the following questions)				
(a) Operates at less than atmospheric pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has only one check valve, which is located directly under pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Slope of piping allows product to drain back into tank when suction released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) All information on suction piping is verifiable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RELEASE DETECTION FOR PIPING CHECKLIST

Date: _____

Please save your changes before proceeding.

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE PREVENTION**Check (✓) for compliance; “No” for noncompliance. Leave blank for “N/A”.****I. SPILL PREVENTION**

Tank # _____

Tank # _____

Tank # _____

Tank # _____

(1) Spill prevention device present and operational.

(2) Spill prevention device in good repair.

(3) Spill prevention device has no significant debris or liquid.

(4) Spill prevention device is tested at least every three years, or is double walled and periodically monitored.

II. OVERFILL PREVENTION

(1) Overfill prevention device present and operational.

A. Automatic shutoff device.

(1) Verified by observations.

(2) Automatic shutoff device is functional and operational.

(3) Automatic shutoff device appropriate for system.

(4) Tested every three years.

B. High level alarm

(1) Present

(2) Alarm is functional and operational.

(3) Alarm is audible/visible to delivery driver.

(4) Tested every three years.

C. Ball float valves

(1) Presence verified thru records and/or observation.

(2) Ball float is operational.

(3) Ball float is appropriate for system.

(4) Tested every three years.

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) CP system tested within 6 months of any CP repair.

(4) Records of UST system repairs.

(5) CP system properly operated and maintained to provide continuous protection.

(6) CP system performing adequately based on results of testing.

(7) Walkthrough inspections are conducted at least every 30 days. Facilities must have records for the two most recent consecutive months, and for 10 of the last 12 months.

Comments:

Date: _____

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE PREVENTION (CONTINUED)

Check (☒) for compliance; “No” for noncompliance. Leave blank for “N/A”.

IV. CORROSION PROTECTION	System # _____		System # _____		System # _____		System # _____	
A. Material of Construction (Check all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
NON-CORRODIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRODIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Internal lining								
(1) Installed according to a recommended practice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Inspected in a timely manner and lining is in compliance.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Inspected according to approved protocol.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Corrective action taken on failed inspection.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Galvanic (sacrificial) anodes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Corrective action taken on failed test.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Metal components (i.e., flex lines, subpumps, etc.) protected as required.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rectifier is operational.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Verify records of 60 day check.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Corrective action taken on failed check.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) CP system maintained.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Metal components (i.e., flex lines, subpumps, etc.) protected as required.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. COMPATIBILITY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All portions of the system are compatible with product stored.								

Comments:

RELEASE PREVENTION CHECKLIST: CORROSION PROTECTION

Date: _____

Please save your changes before proceeding.

Facility ID: _____ AFIN: _____ Facility Name: _____

FINANCIAL ASSURANCE

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (check one) ☐ Yes ☐ No ☐ N/A

(2) Can PSTTF deductible be satisfied? ☐ Yes ☐ No ☐ N/A

If No or N/A for PSTTF, mechanism for meeting financial responsibility? _____

Other SOC

(1) Implementing agency has been notified of suspected release as required. ☐ Yes ☐ No ☐ N/A

(2) Hazardous substance UST system release detection meets requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). ☐ Yes ☐ No ☐ N/A

(3) UST systems in temporary closure but still containing product, are compliant with release detection requirements (i.e., method present, operational, release investigated & reported as required). ☐ Yes ☐ No ☐ N/A

Operator Training/Certification Requirements

Class A designated operator Name _____ # _____ ☐ Yes ☐ No

Class B designated operator Name _____ # _____ ☐ Yes ☐ No

Class C designated operator (minimum 1 operator per shift) ☐ Yes ☐ No ☐ *N/A

*Unmanned emergency generator facility (no class C required); OR ☐ Yes ☐ No

*Unmanned facility in compliance with Arkansas State Fire Code (no class C required); ☐ Yes ☐ No

If "NO", explain in comments _____

Training records maintained for all Class A, B, and C operators ☐ Yes ☐ No

Class A and Class B Operators certified within 30 days of assuming O/M responsibilities ☐ Yes ☐ No

Class A and Class B Operators recertified within 45 days of delivery prohibition violation ☐ Yes ☐ No ☐ *N/A

Class C Operator(s) training:

- Conducted by DEQ-certified Class A or Class B operator ☐ Yes ☐ No
- Specific to facility ☐ Yes ☐ No
- Documented by DEQ provided forms ☐ Yes ☐ No
- Adequately addresses delivery controls, monitoring of dispensing and emergency response ☐ Yes ☐ No
- Trained prior to assuming Class C responsibility ☐ Yes ☐ No

Comments:

FINANCIAL ASSURANCE CHECKLIST

Date: _____

Please save your changes before proceeding.

Facility ID: _____ AFIN: _____ Facility Name: _____

GROUNDWATER MONITORING

Monitoring Performed by: _____

Date GWM System Installed: _____ Number of Wells: _____

Groundwater monitoring well assessment was conducted by: _____

Please answer each question for each well.

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

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

(3) Wells are used to monitor piping?	<input type="checkbox"/>
(4) Groundwater monitoring well assessment was performed prior to installation of wells?	<input type="checkbox"/>
(5) Documentation of monthly readings is available?	<input type="checkbox"/>
(6) Specific gravity of product is less than one?	<input type="checkbox"/>
(7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to:	<input type="checkbox"/>
(8) Groundwater is not more than 20 feet from ground surface?	<input type="checkbox"/>
(9) Wells are sealed from the ground surface to top of filter pack?	<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?	<input type="checkbox"/>
(11) Groundwater is monitored: <input type="checkbox"/> Manually <input type="checkbox"/> Automatically	<input type="checkbox"/>
(12) If groundwater is monitored manually : Bailer used is accessible & functional?	<input type="checkbox"/>
(13) If groundwater is monitored automatically : Monitoring box is operational?	<input type="checkbox"/>
(14) Checked for presence of sensor in monitoring well?	<input type="checkbox"/>
(15) Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(16) Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 10 months of the last 12 months).	<input type="checkbox"/> YES <input type="checkbox"/> NO

Comments:

GROUNDWATER MONITORING FORM

Date: _____

Please save your changes before proceeding.

INSPECTION SUMMARY**Check (✓) the appropriate box:**

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

I _____ certify that I have inspected the above named facility on _____.
(date/time)

Inspector's Signature: _____

IF DELIVERY PROHIBITION IS INVOKED, THE DESIGNATED CLASS A AND CLASS B OPERATOR MUST BE RECERTIFIED WITHIN 45 DAYS OF THE FACILITY BEING RED-TAGGED. IF FUEL DELIVERY PROHIBITION IS NOT IMMEDIATELY IMPLEMENTED. FAILURE TO CORRECT SOC NONCOMPLIANCE ISSUES IN THE TIMEFRAME GIVEN MAY RESULT IN FUEL DELIVERY PROHIBITION.

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 but not limited to, penalty assessments. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement action.

Name of Owner/Owner's Representative (Please Print)

Signature of Owner/Owner's Representative

Date

**INSPECTION SUMMARY
(CONTINUED)**

Comments:

SITE DIAGRAM

Date: _____