

Facility ID: \_\_\_\_\_ AFIN: \_\_\_\_\_ Facility Name: \_\_\_\_\_

## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY FOLLOW-UP COMPLIANCE INSPECTION SUMMARY

Initial Inspection Conducted By:	Facility Street Location:
Date of Initial Inspection:	City: _____ County: _____
Follow-Up Conducted By:	Facility Owner:
Date Follow-Up Conducted:	LUST #: _____ Date Reported: _____ N/A

**Check ( ✓ ) the appropriate box(s):**

☐ This facility is in compliance with the violation(s) cited on previous inspection conducted on \_\_\_\_\_.  
date

**This facility is out of compliance with the following violation(s):**

☐ **SOC**

☐ **Non-SOC**

Inspector's Signature: \_\_\_\_\_

**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 follow-up inspection summary serves 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.



\_\_\_\_\_  
Name of Owner/Owner's Representative (Please Print)    Signature of Owner/Owner's Representative    Date

FOLLOW-UP INSPECTION SUMMARY FORM

Please save your changes before proceeding.

Facility ID: \_\_\_\_\_ AFIN: \_\_\_\_\_ Facility Name: \_\_\_\_\_

INSPECTION SUMMARY (CONTINUED)	
Comments:	

UST INSPECTION SUMMARY

Date: \_\_\_\_\_