5610

Arkansas Department of Environmental Quality
UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or other entity): Dassault Falcon Jet Corp.

Street Address: P.O. Box 967, Adams Field

County: Pulaski

City: Little Rock State: AR Zip Code: 72203-0967

Area Code Phone Number: (501) 372-5254

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: Dassault Falcon Jet Corp.

Street Address or State Road, as applicable: 3801 E. Tenth Street

City (nearest): Little Rock State: AR Zip Code: 72202

County: Pulaski Lat. 34.73669849

Number of Tanks at This Location: 4 Long. 92.23232424

Facility ID#: 60000497

C. Tank Information

(1) Tank(s) presently in use	Tank# 1A	Tank# 2A	Tank# 3A	Tank# 4A
(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)	1/91	1/91	1/91	1/91
(5) Material of Construction (E-estimate or K-known)	FRP	FRP	FRP	FRP
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	20,000	20,000	10,000	2500
(7) Substance Stored (E-estimate or K-known)	Jet Fuel	Jet Fuel	Jet Fuel	Gasoline

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. 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.) Note: All lines except 4A are aboveground and line 4A is cathodically protected.

I, Kevin Davis (Print Name), certify that I have inspected the above named facility on 4/5/05 1000 (Date/Time)

Inspector's Signature: KD Date: 4/5/05

Release Detection for Piping

Facility ID#: 60000497

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 1A	Tank 2A	Tank 3A	Tank 4A
(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 Kevin Davis (Print Name) certify that I have inspected the above named facility on 4/5/05 1000 (Date/Time)

Inspector's Signature: _____ Date: 4/5/05

RELEASE PREVENTION

Facility ID#: 60000497

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

I. SPILL PREVENTION	Tank# 1A	Tank# 2A	Tank# 3A	Tank# 4A
(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 KR Date 4/5/05

RELEASE PREVENTION (Cont'd)

Facility ID#: 60000497

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

IV. CORROSION PROTECTION A. Material of Construction (Check all that apply)	System# 1A		System# 2A		System# 3A		System# 4A	
	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 (i.e., flex lines, subpumps, etc.) protected. [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) Verify records of 60 day check. [6]								
(5) Corrective action taken on failed check.								
(6) Operational records available.								
(7) CP system maintained.								
(8) Metal components (i.e., flex lines, subpumps, etc.) protected as required. [8]								

Comments:

Inspector's Signature [signature] Date 4/5/05

Automatic Tank Gauging

Facility ID#: 60000491

Manufacturer, name and model number of system: Veeder Root TLS 350

Please check 'YES' or 'NO' for each question		✓		✓
(1) Device documentation is available at site (e.g., manufacturer's brochures, owners manual)?	YES	✓	NO	
(2) Device can measure height of product to nearest one-eighth of an inch?	YES	✓	NO	
(3) Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch?	YES	✓	NO	
(4) Device will declare a leak on the basis of inventory reconciliation if discrepancy exceeds 1% of flow-through, plus 130 gallons on a monthly basis?	YES		NO	
(5) Documentation is available that the ATG was in test mode a minimum of once a month?	YES	✓	NO	
(6) Checked for presence of gauge in tanks?	YES	✓	NO	
(7) Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation)?	YES	✓	NO	
(8) Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods")?	YES	✓	NO	
(9) Checked documentation that system was installed, calibrated and maintained according to manufacturer's instructions?	YES		NO	
(10) Maintenance records are available upon request?	YES	✓	NO	
(11) Monitoring and testing records are available for the past 12 months?	YES	✓	NO	

Comments: _____

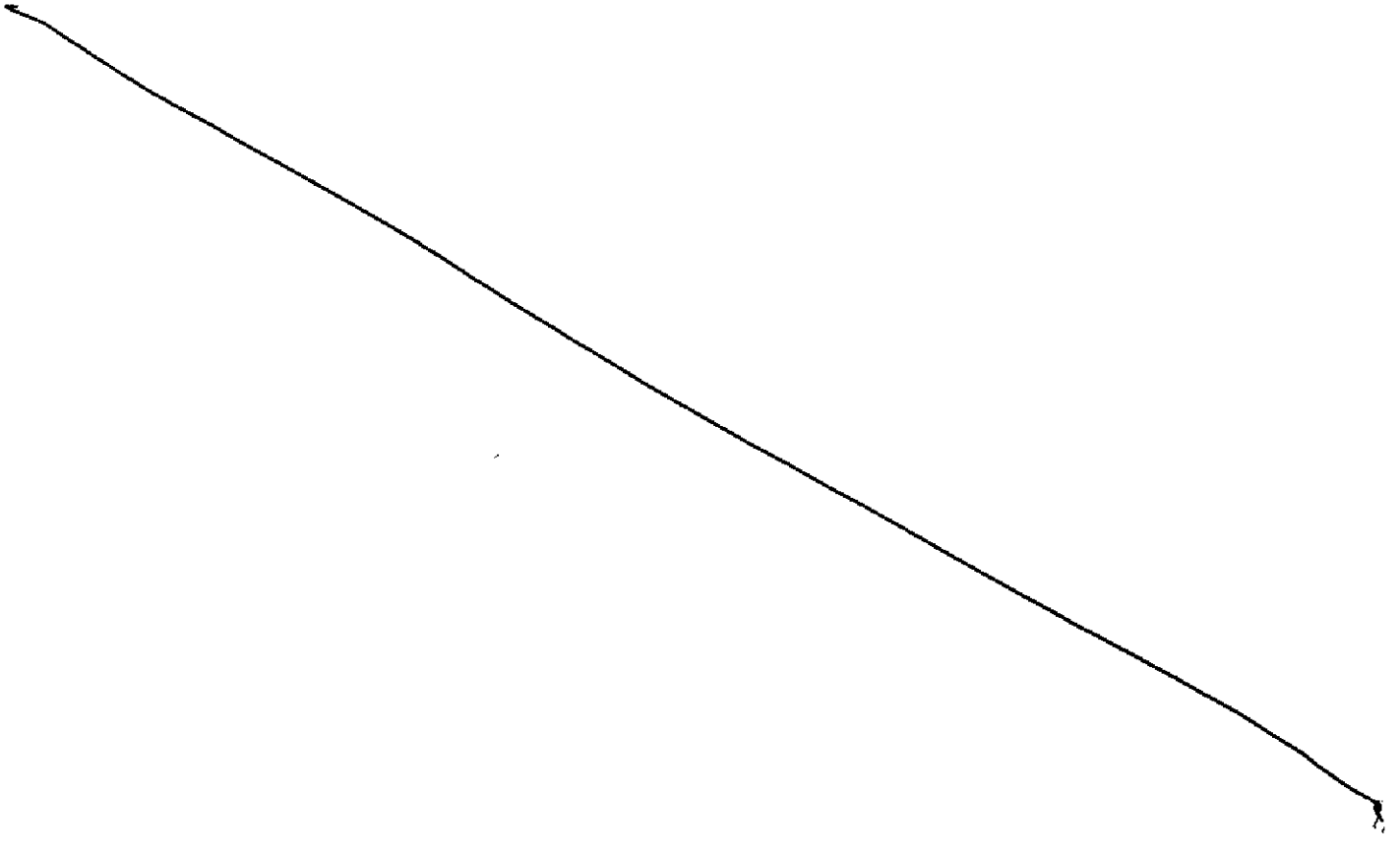
Inspector's Signature: _____ Date: 4/5/05

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.



ADEQ Inspector : Kevin Davis Date: 4/5/05

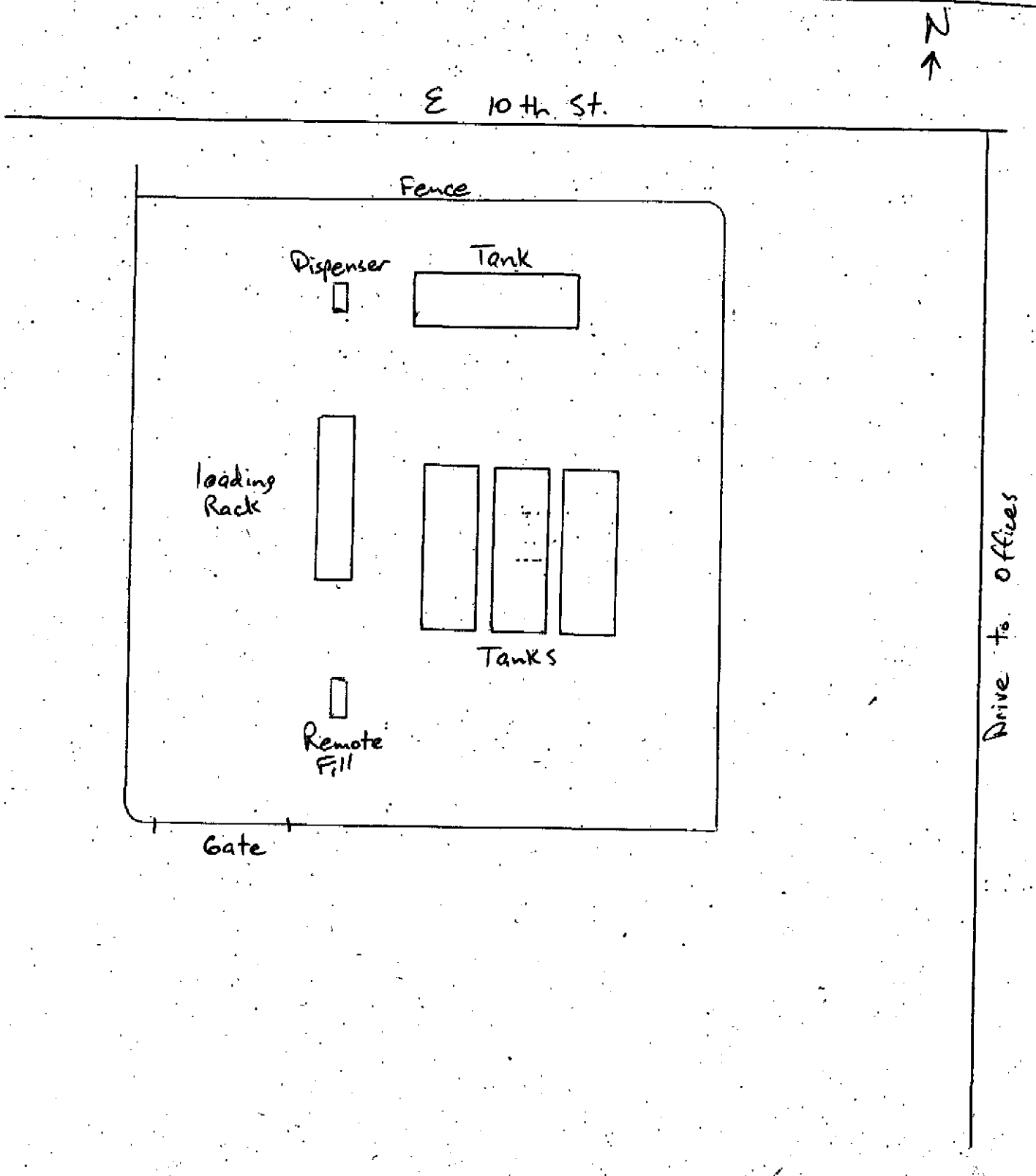
This inspection checklist and summary serve as your Notice of Noncompliance (if violations are indicated).

You have until N/A 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.

Eugene Johnson
Signature of Owner/Owner's Representative

4/5/2005
Date

SITE DIAGRAM



Dassault Falcon Jet Corp.	6000097	4/5/05
FACILITY NAME	FACILITY ID#	DATE