

# Arkansas Department of Environmental Quality

## UST Compliance Inspection Checklist

**A. Ownership of Tank(s)**

Owner Name (Corporation, individual, Public Agency, or other entity):

MARCO EXPRESS INC

Street Address

County

City Franklin State TN Zip Code 37067

Area Code Phone Number

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

MARCO EXPRESS # 2031

Street Address or State Road, as applicable

26213 I-30

City (nearest)

State

Zip Code

Bryant

AR

72022

County

Pulaski

Number of Tanks at This Location: 2

Facility ID#: 60000584

**C. Tank Information**

(1) Tank(s) presently in use

Tank# 5

Tank# 6

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)

1997/5/19

1997/5/19

(5) Material of Construction (E-estimate or K-known)

FRP

FRP

(6) Capacity of Tank (in gallons)(E-estimate or K-known)

12000

8000

(7) Substance Stored (E-estimate or K-known)

GASOLINE

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.)

Water Level 6' Ave.

Robert Morgan, certify that I have inspected the above named facility on

(Print Name)

(Date/Time)

Inspector's Signature:

Robert Morgan

Date:

7-27-06

## Release Detection for Piping

Facility ID#: 60000584

**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 5	Tank 6	Tank	Tank
(1) Automatic Flow Restrictor	✓	✓		
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
<b>Set 2</b>				
(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) <b>No Release Detection Required?</b> (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 &amp; substances stored) and location of wells and their distance from tanks and piping.

Comments:

 I Robert Morgan certify that I have inspected the above named facility on \_\_\_\_\_  
 (Print Name) (Date/Time)
Inspector's Signature: Robert MorganDate: 7-27-06

## RELEASE PREVENTION

Facility ID#: 60000584

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

## I. SPILL PREVENTION

	Tank# <u>5</u>	Tank# <u>6</u>	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.	✓	✓		

## II. OVERFILL PREVENTION

(1) Overfill prevention device present and operational.	[ 2 ]			
<b>A. Automatic shutoff device.</b>				
(1) Verified by observations.				
(2) Automatic shutoff device is functional and operational.	[ 2 ]			
(3) Automatic shutoff device appropriate for system.				
<b>B. Audible or visual alarm</b>				
(1) Present				
(2) Alarm is functional and operational.	[ 2 ]			
(3) Alarm is audible/visible to delivery driver.	[ 2 ]			
<b>C. Ball float valves</b>				
(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

Robert MorganDate 7-27-06

## RELEASE PREVENTION (Cont'd)

Facility ID#: 60000584

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

IV. CORROSION PROTECTION A. Material of Construction (Check all that apply)	System# <u>5</u>		System# <u>6</u>		System#		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 lines, subpumps, 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) Verifiy records of 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, subpumps, etc.) protected as required. [8]								

Comments:

Inspector's Signature

SchutmayDate 7-27-06

# Automatic Tank Gauging

Facility ID#: 60000584Manufacturer, name and model number of system: Veeder Root TLS

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

(1) Device documentation is available at site (e.g., manufacturer's brochures, owners manual)?	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(2) Device can measure height of product to nearest one-eighth of an inch?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(3) Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(5) Documentation is available that the ATG was in test mode a minimum of once a month?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(6) Checked for presence of gauge in tanks?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(9) Checked documentation that system was installed, calibrated and maintained according to manufacturer's instructions?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(10) Maintenance records are available upon request?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(11) Monitoring and testing records are available for the past 12 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

Comments

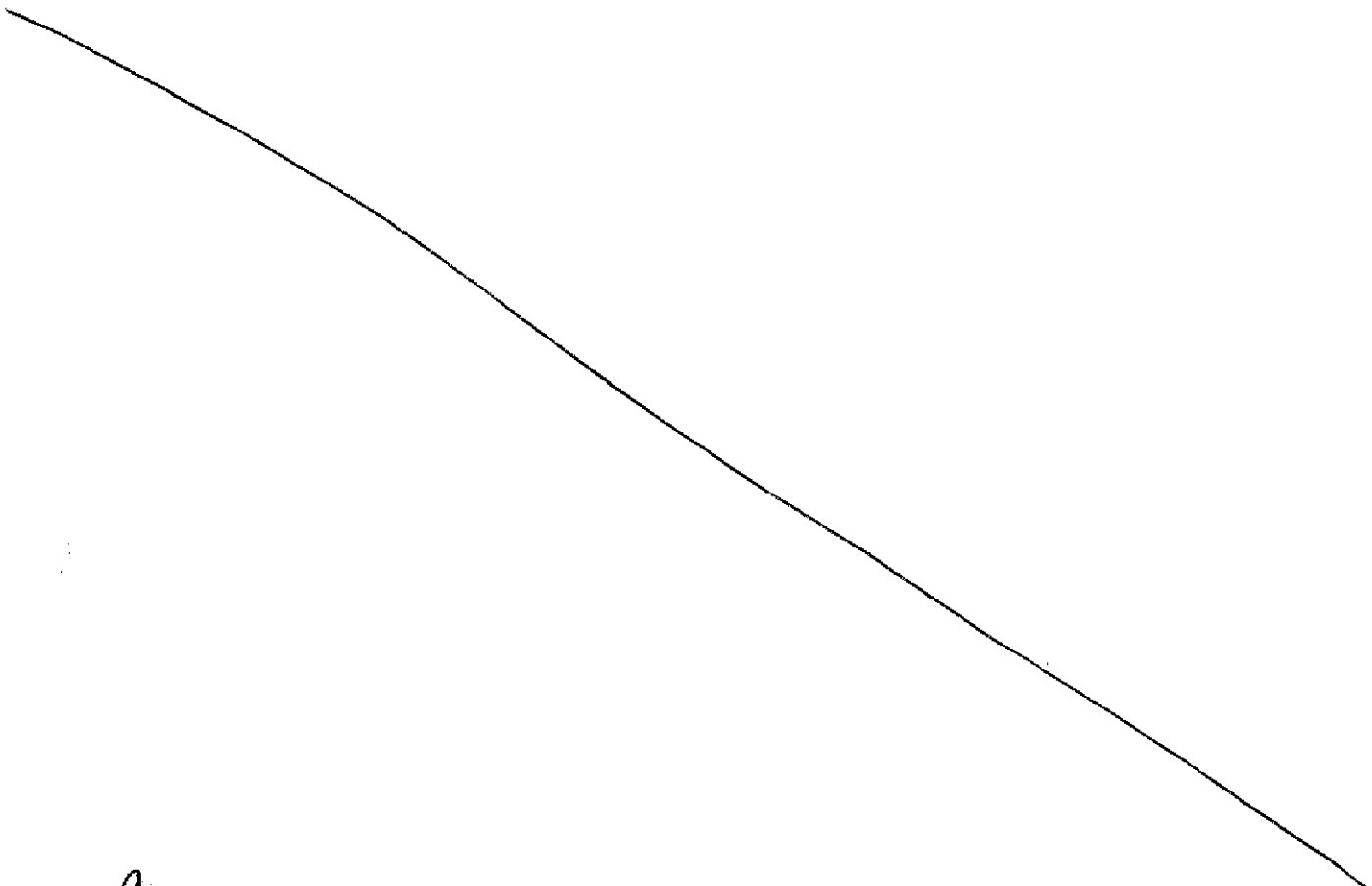
Inspector's Signature: Robert MayDate: 7-27-06

**INSPECTION SUMMARY**

(An asterisk [\*] denotes violation)

Check (✓) the appropriate box:

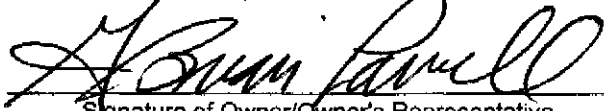
- ☐ Facility non-compliant with SOC Release Detection.
- ☐ Facility non-compliant with SOC Release Prevention.
- ☐ Facility non-compliant with both SOC Release Detection and SOC Release Prevention.
- ☐ Facility has other non-SOC compliance issues.
- ☒ Facility in compliance at time of inspection.

  
*Robert Morgan*

7-27-06

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

7/27/2006

Date