

Arkansas Department of Environmental Quality

UST Compliance Inspection Checklist

A. Ownership of Tank(s)		B. Location of Tank(s)			
Owner Name (Corporation, individual, Public Agency, or other entity): <u>Mapco Express Inc</u>		(If Same as Section 1, check here <input style="width: 10px; height: 10px;" type="checkbox"/>) Facility Name or Company Site identifier, as applicable <u>Mapco Express # 2031</u>			
Street Address		Street Address or State Road, as applicable <u>2621-3 I-30</u>			
County		City (nearest) <u>Bryant</u> State <u>AR</u> Zip Code <u>72022</u>			
City <u>Franklin</u>	State <u>TN</u>	Zip Code <u>37067</u>	County <u>Pulaski</u>		
Area Code <u>662</u> Phone Number <u>0000584</u>		Number of Tanks at This Location: <u>2</u>			
Contact Person At UST Location		Phone #			
C. Tank Information					
(1) Tank(s) presently in use		Tank# <u>5</u>	Tank# <u>6</u>	Tank# <u> </u>	Tank# <u> </u>
(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)		<u>1997/5/19</u> <u>1997/5/19</u>			
(5) Material of Construction (E-estimate or K-known)		<u>FRP</u> <u>FRP</u>			
(6) Capacity of Tank (in gallons)(E-estimate or K-known)		<u>12,000</u> <u>8,000</u>			
(7) Substance Stored (E-estimate or K-known)		<u>GASoline</u> <u>GASoline</u>			
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		✓ <u> </u>			
(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 <u> </u>	✓ <u> </u>		
		Suction Pipe <u> </u>			
(2) FOR PRESSURE PIPING:					
Automatic Line Leak Detectors, and (check one)		✓ <u> </u>			
(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 <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	If No or N/A for PSTTF, mechanism for meeting financial
(2) Can PSTTF deductible be satisfied? (circle one)		Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	responsibility?
G. Site Information					
General site observations and comments (vicinity observations, groundwater level, etc.)			<u>Water Level 6' Ave.</u>		
1. <u>Robert Morgan</u> , certify that I have inspected the above named facility on <u>7-27-06</u> (Print Name) (Date/Time)					
Inspector's Signature: <u>Robert Morgan</u> Date: <u>7-27-06</u>					
UST COMPLIANCE INSPECTION CHECKLIST - 05					

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 <u>5</u>	Tank <u>6</u>	Tank _____	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?				
(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: _____

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 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. [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 <u>Robert Moffa</u>		Date <u>7-27-06</u>			

RELEASE PREVENTION (Cont'd)

Facility ID#: 60000584

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

IV. CORROSION PROTECTION	System# 5		System# 6		System#		System#	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Material of Construction (Check all that apply)								
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) Components are replaced 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) Yearly records of 60 day check. [6]								
(5) Corrective action taken on failed check.								
(6) Operational records available.								
(7) CP system maintained.								
(8) All components (i.e.阳极,阴极等) are protected as required. [8]								

Comments:

Inspector's Signature

John M. —

Date 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

	YES	NO	
(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 _____

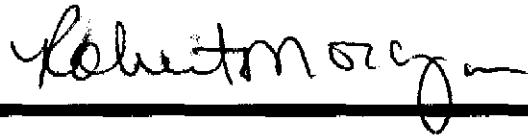
 Inspector's Signature: Robert Morgan Date: 7-27-06

INSPECTION SUMMARY

(An asterisk (*) denotes violation)

Check (✓) the appropriate box:

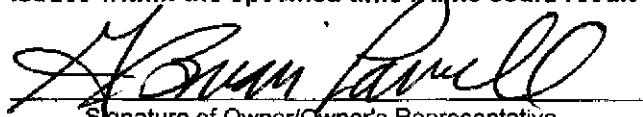
- Facility non-compliant with SOC Release Detection.
- Facility non-compliant with SOC Release Prevention.
- Facility non-compliant with both SOC Release Detection and SOC Release Prevention.
- Facility has other non-SOC compliance issues.
- Facility in compliance at time of inspection.



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 Representative7/27/2006
Date