#1153 ✓

Leak Detection Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): ARKANSAS CHILDREN'S HOSPITAL

Street Address: 800 MARSHALL STREET

County: PULASKI

City: LITTLE ROCK State: AR Zip Code: 72202

Area Code: 501 Phone Number: 364-3801

Contact Person At UST Location: RICHARD JAMES Phone #

B. Location of Tank(s)

(If Same as Section 1, check here ✓)

Facility Name or Company Site identifier, as applicable

Street Address or State Road, as applicable

City (nearest) State Zip Code

County

Number of Tanks at This Location: 1

Facility ID#: 60001047

Lat. 34.74329°

Long. 92.29267°

C. Tank Information

	Tank 1	Tank __	Tank __	Tank __
(1) Tank(s) presently in use	1			
(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)	K 1980 0601			
(5) Material of Construction (E-estimate or K-known)	K STEEL			
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	K 10000			
(7) Substance Stored (E-estimate or K-known)	K DIESEL			

D. Release Detection For Tanks

Check the release detection method(s) used for each tank or group of tanks manifolded together.

(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.)		USED FOR EMERGENCY GENERATOR / HEATING		
(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. Corrosion, Spill/Overfill Protection

(1) Corrosion protection installed (indicate date)

Impressed Current 1998

(2) Spill/Overfill protection installed (indicate date)

SPILL CATCHMENT BASIN / FLAPPER

G. Trust Fund Certification

(1) Certification? Yes No N/A (circle one)

If N/A, mechanism for meeting financial responsibility?

(2) Can deductible be satisfied? Yes No N/A (circle one)

H. Site Information

General site observations and comments (vicinity observations, ground water level, etc.)

I, JIM WILLIAMS (Print Name), certify that I have inspected the above named facility on 20021017 / 1100 (Date/Time)

Inspector's Signature: Jim Williams Date: 10-17-02

Leak Detection for Piping

Facility ID#: 60001047

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 1	Tank	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 Leak Detection Required? (must answer yes to all of the following questions)**	✓			
(a) Operates at less than atmospheric pressure	YES			
(b) Has only one check valve, which is located directly under pump	YES			
(c) Slope of piping allows product to drain back into tank when suction released	YES			
(d) All information on suction piping is verifiable	YES			

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 Jim Williams (Print Name) certify that I have inspected the above named facility on 20021017/1100 (Date/Time)

Inspector's Signature: Jim Williams Date: 10-17-02

INSPECTION SUMMARY

(An asterisk [*] denotes violation)

Check (✓) the appropriate box:

- [x] **This facility meets both Leak Detection and Upgrade requirements.**
- [ ] **This facility meets Leak Detection requirements, but does not meet Upgrade requirements.**
- [ ] **This facility meets Upgrade requirements, but does not meet Leak Detection requirements.**
- [ ] **This facility does not meet either Leak Detection or Upgrade requirements.**

~~* MUST HAVE CONTRACTOR CHECK IMPRESSED CURRENT~~ Jan

~~SYSTEM.~~

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

You have until _____ to provide evidence of compliance. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement actions including penalty assessments.

Richard [illegible]
Signature of Owner/Owner's Representative

10. 17. 02
Date