

Arkansas Department of Environmental Quality

UST Compliance Inspection Checklist

A. Ownership of Tank(s)

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

Arkansas Children's Hospital

Street Address: 800 Marshall St.

County: Pulaski

City: Little Rock State: AR Zip Code: 72202

Area Code: (501) Phone Number: 320-3801

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

Arkansas Children's Hospital

Street Address or State Road, as applicable

City (nearest)

State

Zip Code

County

Lat.

Number of Tanks at This Location: 1

Long.

Facility ID#:

60001047

C. Tank Information

(1) Tank(s) presently in use	Tank# 1	Tank#	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)	6/80			
(5) Material of Construction (E-estimate or K-known)	Steel			
(6) Capacity of Tank (in gallons) (E-estimate or K-known)	10000			
(7) Substance Stored (E-estimate or K-known)	Diesel			

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.)

* ATG being installed.

I, Kevin Davis

(Print Name)

certify that I have inspected the above named facility on

8/30/05 1100

(Date/Time)

Inspector's Signature:

KR

Date:

8/30/05

Release 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 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:

Kevin Davis
(Print Name)

certify that I have inspected the above named facility on

8/30/05 1100
(Date/Time)

Inspector's Signature:

Date:

8/30/05

RELEASE PREVENTIONFacility ID#: 60001047

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

I. SPILL PREVENTION

	Tank# <u>1</u>	Tank#	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:

✗ Test Results required.

Inspector's Signature



Date

8/30/05

RELEASE PREVENTION (Cont'd)

Facility ID#: 60001047

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

IV. CORROSION PROTECTION	System# 1		System#		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) Metal components (i.e., 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) 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



Date

8/30/05

INSPECTION SUMMARY

(An asterisk [*] denotes violation)

Check (✓) the appropriate box:

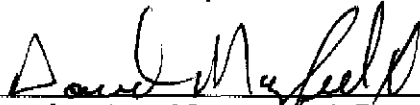
- ☐ Facility non-compliant with SOC Release Detection.
- ☐ Facility non-compliant with SOC Release Prevention.
- ☒ Facility non-compliant with both SOC Release Detection and SOC Release Prevention.
- ☐ Facility has other non-SOC compliance issues.
- ☐ Facility in compliance at time of inspection.

* monthly Tank Leak Detection records required.
(ATG Tightness Test)

* 3-Year Cathodic Protection Test results required.

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

You have until 9/15/05 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

8/30/05

Date

SITE DIAGRAM

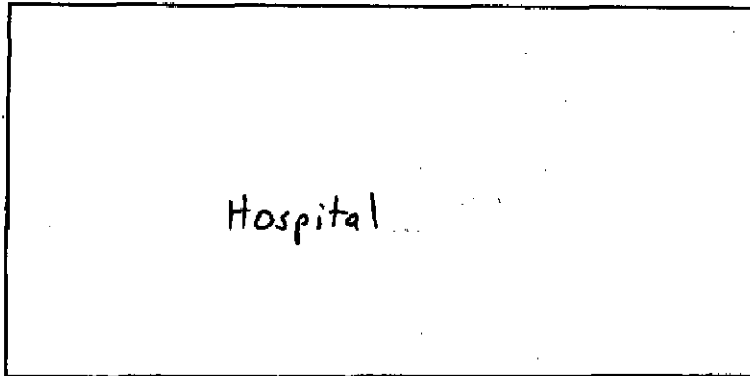
N
↑

I-630

Tank



Hospital



Marshall St.

Arkansas Children's Hospital

60001047

8/30/05

FACILITY NAME

FACILITY ID#

DATE