## Arkansas Department of Environmental Quality UST Compliance Inspection Checklist

A. Ownership of Tank(s)				E. Locatio	on of Tank(s		
Owner Name (Corporation, individual, Rublic Agency, or other entity):  Arkansas Children's Hospital  Street Address  Street Address  Grant Agency or other entity:  (If Same as Section 1, check here Light Same a				Hospital			
Street Address 800 Marshall St.	·	Street Addr	ess or S	State Road, as app	olicable	703 p : 141	
County Pulaski City (nearest) State Zip Code							
City Little Rock State AR Zip Code County							
Area Code Phone NumberLat							
(50) 320 - 380 / Number of Tanks at This Location: Long							
Contact Person At UST Location Phone # Facility ID#: 6000 1047							
C. Tank information							
(1) Tank(s) presently in use							
		Tank#_	<u>t_</u>	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-kno	o <u>w</u> n)	6/8	_	<u></u>			
(5) Material of Construction (E-estimate or K-known)		Ste					
(6) Capacity of Tank (in gallons)(E-estimate or K-know	n)	10,00		<u></u>			
(7) Substance Stored (E-estimate or K-known)	-Tabilità , 47 - 11 Augustia	Dies	حا				
D Retease Defection For Lanks	Check the releas	e detection	method	(s) used for each	tank or N/A H.nom	required.	
(1) Manual Tank Gauging (only for tanks under 1,000 g	jal.)						
(2) Manual Tank Gauging and Tank Tightness Testing (only for tanks under 2,000 gal.)	- <del></del>						
(3) Tank Tightness Testing and Inventory Control			<del></del>				
(4) Automatic Tank Gauging	<del></del>			<u></u>			
(5) Vapor Monitoring							
(6) Groundwater Monitoring							
(7) interstitial Monitoring				<u> </u>		<u> </u>	
(8) Other approved method (write in name of method)							
E. Release Detection For Piping	Check the release	detection in	ethod(	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)				<del>-  </del>		
(a) Vapor Monitoring (b) Groundwater Monitoring							
(c) Secondary Containment With Monitoring							
(d) Line Tightness Testing		<del></del>			<del></del>		
F. Financial Assurance							
(1) Petroleum Storage Tank Trust Fund (PSTTF)? (circl	le one) (Yes) Ni	o N/A	If No	or N/A for PSTTF	, mechanism for me	eting financial	
(2) Can PSTTF deductible be satisfied? (circle one)  Yes No N/A responsibility?							
c Sle eformation							
General site observations and comments (vicinity observations, groundwater level, etc.) * ATG being installed.							
. Kevin Davis certify th	at I have inspected	the phase ==	mad fo	rility on 81	130/05	//00	
(Print Name) , cerury th	at i nave inspected	nie spoke us	meu (20	anty Off	30/05 (Date/1	ime)	
Inspector's Signature:	V=		Dat	e: <i>8/</i>	30/05_		

Automatic Flow Restrictor  2) Automatic Shut-off Device  3) Continuous Alarm System and  4et 2  4) Annual Line Tightness Testing  5) Vapor Monitoring, documentation of monthly monitoring is available?  7) Interstitial Monitoring, documentation of monthly monitoring is available?  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 repertitiest.  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)	751	SSURIZED PIPING A method must be selected from ea 4 tanks, please photocopy this page		1 . 10 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .	S87 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
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Certify that I have inspected the above named facility on 8/30/05 //00  (Print Name) (Date/Time)  Date: 8/30/05	ndi	ne back of this sheet, please sketch the site, noting all pipin helr distance from tanks and piping.	Francisco (1997)			72 mg

Check ( √ ) for compliance; "No" for noncompliance. Leave blank for '  I. SPILL PREVENTION  I. SPILL PREVENTION  I. SPILL PREVENTION  I. (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) Automatic shutoff device.  (1) Verified by observations.  (2) Automatic shutoff device is functional and operational.  (3) Automatic shutoff device appropriate for system.  B. Audible or visual alarm  (1) Present  (2) Alarm is functional and operational.  (3) Alarm is audible/visible to delivery driver.  (2) Ball float valves  (1) Presence verified thru records and/or observation.  (2) Ball float is appropriate for system.		ank#_	Tank#	Tank#
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(2) Ball float is operational		· · · · · · · · · · · · · · · · · · ·		
	77 milder (* 1925)		and the second s	
(3) Ball Boal is appropriate for system.		**************************************		ve retre
III. OPERATION AND MAINTENANCE				<u></u>
(1) Repairs to UST system performed according to a				
recommended practice.  (2) Repaired UST system in hitness tested within 30 days of 31.				
repair.				
(3) CP system tested within 6 months of any CP repair.				
(4) Records of UST system repairs.	and an Alan State		erron and a second	<b>-</b>
(5) CP system properly operated and maintained to provide [5]				Terrange,
(6) CP system performing adequately based on results of [5]				
Comments:			4.4	
Commens: * Test Results required.				

		esan.				Pag	ge <u>4</u>	of 6
RADIZEAS	LIKKI			ont a)				And Andrews
Facility ID#: 6000/04)								
Check ( $\sqrt{\ }$ ) for compliance; "No" for noncomplian	nce. Lea	ave blank	for "N/	A".				
					Cryston	μ	C4	п
IV. CORROSION PROTECTION  A. Material of Construction (Check all that apply)	System		System		System		System	
NON-CORRODIBLE	Tank	Piping	Tank	Piping	Tank	Piping	_Tank	Piping
CORRODIBLE		-						<u></u>
B. Internal lining							<u> </u>	
(1) Installed according to a recommended practice.								<u> </u>
(2) Inspected in a timely manner and litting is in	HANDERPHANA T.W.C. ni							
(3) Inspected according to approved protocol.			iling to in Dayleson	Tax	P. III PA			
(4) Corrective action taken on failed inspection.					· 			
C. Galvanic (sacrificial) anodes	i							
(1) Designed by CP expert/specialist.								
(2) Tested in a timely manner.		_						
(3) Corrective action taken on failed test.	<u> </u>							
(4) Metal components (i.e., flex lines, subpumps, etc.) = .								
(5) Operational records available.	## ### P***	Bay Fig. Open Gg. 24, 1122						A to a fact of Activities
D. Impressed current	-							
(1) Designed by CP expert/specialist.	V	-						
(2) Tested in a timely manner.								
(3) Rectifier is operational.	1				-			<u> </u>
(4) Verify records of 60 day check.				1.00				
(5) Corrective action taken on failed check.			<u> </u>	<u>, (10 80) - 10 20</u>	ery, a vee • moreofere, 12°,	***************************************		CONGRESSION TRANS
(6) Operational records available.								
(7) CP system maintained.								
(f) Metal components (fc., flex lines, subprimps, etc.)  protected as required						7		
Comments:		######################################	-1	1 10 10 10 N A 44				Xillian Milan 112
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Inspector's Signature			<del></del>	Date_	81	30/05	-	· <del>- ·</del> ·

RELEASE PREVENTION CHECKLIST: CORROSION PROTECTION

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 9/5/05 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.

8/30/05

Date

Signature of Owner/Owner's Representative ustranaminspection-summary-form

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