

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
UST COMPLIANCE INSPECTION CHECKLIST

A. Ownership of Tank(s)	B. Location of Tank(s)
(If same as "Owner", check here: <input style="width: 10px; height: 10px;" type="checkbox"/>)	
Owner Name (Corporation, Individual, Public Agency, or other entity)	Facility Name or Company Site Identifier, as applicable
Street Address	Street Address or State Road, as applicable
County	County
City, State Zip	City (nearest), State Zip
Phone Number	Phone Number
Contact Person at UST Location: _____	Number of Tanks at This Location: _____
Phone Number: _____	Registration certificate posted in a conspicuous location: <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Tank Information

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

D. Release Detection For Tanks

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Check Type of Piping for each Tank	Pressure Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suction Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, <u>and</u> (check one)	<input type="checkbox"/>				
(a) Vapor Monitoring	<input type="checkbox"/>				
(b) Groundwater Monitoring	<input type="checkbox"/>				
(c) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)	<input type="checkbox"/>				
(d) Line Tightness Testing	<input type="checkbox"/>				
(e) Other approved method (write in name of method)					

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE DETECTION FOR PIPING**Pressurized Piping** A method must be selected from each set. Where applicable indicate date of last test.

Set 1	Tank # _____	Tank # _____	Tank # _____	Tank # _____
(1) Automatic Flow Restrictor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Automatic Shut-off Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Continuous Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
and				
Set 2				
(4) Annual Line Tightness Testing				
(5) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) If Interstitial Monitoring, documentation of monthly monitoring is available?				
(9) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) If Groundwater Monitoring, documentation of monthly monitoring is available?				
(11) Other Approved Method (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Piping Indicate date of most recent test.				
(12) Line Tightness Testing (required every 3 years)				
(13) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14) Secondary Containment with Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(15) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(16) Other Approved Method (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(17) No Leak Detection Required? (must answer yes to all of the following questions)				
(a) Operates at less than atmospheric pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has only one check valve, which is located directly under pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Slope of piping allows product to drain back into tank when suction released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) All information on suction piping is verifiable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Facility ID: _____ AFIN: _____ Facility Name: _____

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

I. SPILL PREVENTION		Tank # _____	Tank # _____	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.					
(4) Spill prevention device is tested at least every three years, or is double walled and periodically monitored.					
II. OVERFILL PREVENTION					
(1) Overfill prevention device present and operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Automatic shutoff device.					
(1) Verified by observations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Automatic shutoff device is functional and operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Automatic shutoff device appropriate for system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Tested every three years.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. High level alarm					
(1) Present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Alarm is functional and operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Alarm is audible/visible to delivery driver.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Tested every three years.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ball float valves					
(1) Presence verified thru records and/or observation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Ball float is operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Ball float is appropriate for system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Tested every three years.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. OPERATION AND MAINTENANCE					
(1) Repairs to UST system performed according to a recommended practice.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Repaired UST system tightness tested within 30 days of repair.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) CP system tested within 6 months of any CP repair.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Records of UST system repairs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) CP system properly operated and maintained to provide continuous protection.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) CP system performing adequately based on results of testing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Walkthrough inspections are conducted at least every 30 days. Facilities must have records for the two most recent consecutive months, and for 10 of the last 12 months.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE PREVENTION (CONTINUED)

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

IV. CORROSION PROTECTION	System # _____							
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Material of Construction (Check all that apply)								
NON-CORRODIBLE	<input type="checkbox"/>							
CORRODIBLE	<input type="checkbox"/>							
B. Internal lining								
(1) Installed according to a recommended practice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(2) Inspected in a timely manner and lining is in compliance.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(3) Inspected according to approved protocol.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(4) Corrective action taken on failed inspection.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
C. Galvanic (sacrificial) anodes								
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(3) Corrective action taken on failed test.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(4) Metal components (i.e., flex lines, subpumps, etc.) protected as required.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(5) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
D. Impressed current								
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(3) Rectifier is operational.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(4) Verify records of 60 day check.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(5) Corrective action taken on failed check.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(6) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(7) CP system maintained.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
(8) Metal components (i.e., flex lines, subpumps, etc.) protected as required.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
V. COMPATIBILITY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
All portions of the system are compatible with product stored.								

Comments:

Facility ID: _____ AFIN: _____ Facility Name: _____

AUTOMATIC TANK GAUGING

Manufacturer, name and model number of system: _____

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

(1) Device documentation is available at site (e.g., manufacturer's brochures, owners manual)?	<input type="checkbox"/>
(2) Device can measure height of product to nearest one-eighth of an inch?	<input type="checkbox"/>
(3) Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch?	<input type="checkbox"/>
(4) Documentation is available that the ATG was in test mode a minimum of once a month?	<input type="checkbox"/>
(5) Checked for presence of gauge in tanks?	<input type="checkbox"/>
(6) Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation)?	<input type="checkbox"/>
(7) 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")?	<input type="checkbox"/>
(8) Verified documentation that system configuration, alarm and battery backup operability, probes, sensors, and floats were all inspected at least annually?	<input type="checkbox"/>
(9) Maintenance records are available upon request?	<input type="checkbox"/>
(10) Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product).	<input type="checkbox"/> YES <input type="checkbox"/> NO
(11) Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 10 months of the last 12 months).	<input type="checkbox"/> YES <input type="checkbox"/> NO

Comments:

Facility ID: _____ AFIN: _____ Facility Name: _____

FINANCIAL ASSURANCE

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (check one) Yes No N/A(2) Can PSTTF deductible be satisfied? Yes No N/A

If No or N/A for PSTTF, mechanism for meeting financial responsibility? _____

Other SOC(1) Implementing agency has been notified of suspected release as required. Yes No N/A(2) Hazardous substance UST system release detection meets requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). Yes No N/A(3) UST systems in temporary closure but still containing product, are compliant with release detection requirements (i.e., method present, operational, release investigated & reported as required). Yes No N/A**Operator Training/Certification Requirements**

Class A designated operator Name _____ # _____

 Yes No

Class B designated operator Name _____ # _____

 Yes No

Class C designated operator (minimum 1 operator per shift)

 Yes No *N/A

*Unmanned emergency generator facility (no class C required); OR

 Yes No

*Unmanned facility in compliance with Arkansas State Fire Code (no class C required);

 Yes No

If "NO", explain in comments

Training records maintained for all Class A, B, and C operators

 Yes No

Class A and Class B Operators certified within 30 days of assuming O/M responsibilities

 Yes No

Class A and Class B Operators recertified within 45 days of delivery prohibition violation

 Yes No *N/A

Class C Operator(s) training:

- Conducted by ADEQ-certified Class A or Class B operator Yes No
- Specific to facility Yes No
- Documented by ADEQ provided forms Yes No
- Adequately addresses delivery controls, monitoring of dispensing and emergency response Yes No
- Trained prior to assuming Class C responsibility Yes No

Comments:

INSPECTION SUMMARY**Check (✓) the appropriate box:**

- Facility in compliance at time of inspection.
- Facility non-compliant with SOC Release Detection.

- Facility non-compliant with SOC Release Prevention.

- Facility non-compliant with SOC Financial Assurance requirements.

- Facility non-compliant with both SOC Release Detection and SOC Release Prevention.

- Facility has other non-SOC compliance issues.

I _____ certify that I have inspected the above named facility on _____.

(date/time)

Inspector's Signature:

IF DELIVERY PROHIBITION IS INVOKED, THE DESIGNATED CLASS A AND CLASS B OPERATOR MUST BE RECERTIFIED WITHIN 45 DAYS OF THE FACILITY BEING RED-TAGGED. IF FUEL DELIVERY PROHIBITION IS NOT IMMEDIATELY IMPLEMENTED, FAILURE TO CORRECT SOC NONCOMPLIANCE ISSUES IN THE TIMEFRAME GIVEN MAY RESULT IN FUEL DELIVERY PROHIBITION.

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 but not limited to, penalty assessments. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement action.

Brent WoosterBfWt

Name of Owner/Owner's Representative (Please Print) Signature of Owner/Owner's Representative Date

**INSPECTION SUMMARY
(CONTINUED)****Comments:**

SITE DIAGRAM

Date: _____

Please save your changes before proceeding.