

**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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Vapor Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Groundwater Monitoring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) 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"/>
(d) Line Tightness Testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other approved method (write in name of method)					

COMPLIANCE INSPECTION CHECKLIST

Date: _____

Please save your changes before proceeding.

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:

RELEASE DETECTION FOR PIPING CHECKLIST

Date: _____

Please save your changes before proceeding.

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:

Date: _____

Facility ID: _____ AFIN: _____ Facility Name: _____

RELEASE PREVENTION (CONTINUED)

Check (☒) for compliance; “No” for noncompliance. Leave blank for “N/A”.

IV. CORROSION PROTECTION	System # _____		System # _____		System # _____		System # _____	
A. Material of Construction (Check all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
NON-CORRODIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRODIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Internal lining								
(1) Installed according to a recommended practice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Inspected according to approved protocol.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Galvanic (sacrificial) anodes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Designed by CP expert/specialist.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tested in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rectifier is operational.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Operational records available.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) CP system maintained.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. COMPATIBILITY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All portions of the system are compatible with product stored.								

Comments:

RELEASE PREVENTION CHECKLIST: CORROSION PROTECTION

Date: _____

Please save your changes before proceeding.

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:

AUTOMATIC TANK GAUGING CHECKLIST

Date: _____

Please save your changes before proceeding.

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 _____ # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Class B designated operator Name _____ # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Class C designated operator (minimum 1 operator per shift)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *N/A
*Unmanned emergency generator facility (no class C required); OR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Unmanned facility in compliance with Arkansas State Fire Code (no class C required);	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "NO", explain in comments			
Training records maintained for all Class A, B, and C operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Class A and Class B Operators certified within 30 days of assuming O/M responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Class A and Class B Operators recertified within 45 days of delivery prohibition violation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> *N/A

Class C Operator(s) training:

- | | | | |
|---|------------------------------|-----------------------------|--|
| • Conducted by ADEQ-certified Class A or Class B operator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Specific to facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Documented by ADEQ provided forms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Adequately addresses delivery controls, monitoring of dispensing and emergency response | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Trained prior to assuming Class C responsibility | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments:

FINANCIAL ASSURANCE CHECKLIST

Date: _____

Please save your changes before proceeding.

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

**INSPECTION SUMMARY
(CONTINUED)**

Comments:

SITE DIAGRAM

Date: _____