

Leak Detection Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): Quincy Corporation Macsteel Div.
 Street Address: 5225 Planters Rd
 County: Sebastian
 City: Fort Smith State: AR Zip Code: 72916
 Area Code: 479 Phone Number: 646-0223
 Contact Person At UST Location: Wade Taff Phone #: 646-0223

B. Location of Tank(s)

(If Same as Section 1, check here ☒)
 Facility Name or Company Site Identifier, as applicable: 5
 Street Address or State Road, as applicable:
 City (nearest): _____ State: _____ Zip Code: _____
 County: _____
 Number of Tanks at This Location: 1 Lat. N35.30682
 Facility ID#: 66000299 Long. W094.37763

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) | <u>K-07/1984</u> | | | |
| (5) Material of Construction (E-estimate or K-known) | <u>K-Steel</u> | | | |
| (6) Capacity of Tank (in gallons)(E-estimate or K-known) | <u>K-10,000</u> | | | |
| (7) Substance Stored (E-estimate or K-known) | <u>K-diesel</u> | | | |

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. Corrosion, Spill/Overfill Protection

(1) Corrosion protection installed (indicate date): St. 13 tank 1984 FRP Liner 2/1998
 (2) Spill/Overfill protection installed (indicate date): spill catchment basin / float valve 1994

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.):
CP test on tank by ST Testing on 7-30-03. Result of 1120
 I, Randy Beard, certify that I have inspected the above named facility on 9-4-03 / 1200
 (Print Name) (Date/Time)
 Inspector's Signature: Randy Beard Date: 9-4-03

Leak Detection for Piping

Facility ID#: 66003299

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 2 | Tank 3 | Tank 4 |
|---|--------|--------|--------|--------|
| (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 | | | | |
| (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:

I Randy Beard certify that I have inspected the above named facility on 9-4-03/1000
(Print Name) (Date/Time)Inspector's Signature: Randy Beard Date: 9-4-03

Groundwater Monitoring

Facility ID#: 66000299

Date GWM System Installed: _____

Number of Wells: 2Distance of well from tank(s): (1) 2H (2) 2H (3) _____ (4) _____

Distance of well from piping: (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: The Southern Co. - Bob ShepherdLocation of Site Assessment Documentation: Inspector's file - Quarry Corp

Please answer each question for each well

If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

| | Well <u>1</u> | Well <u>2</u> | Well _____ | Well _____ |
|--|---------------|---------------|------------|------------|
| (1) Well is clearly marked & secured to avoid unauthorized access or tampering? | <u>YES</u> | <u>YES</u> | | |
| (2) Well was opened & presence of water was observed in well at depth of _____ feet? | <u>2</u> | <u>1.5</u> | | |

Please check 'YES' or 'NO' for each question

| | | | | |
|--|-----|---|----|--|
| (3) Wells are used to monitor piping? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (4) Site assessment was performed prior to installation of wells? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (5) Documentation of monthly readings is available? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (6) Specific gravity of product is less than one? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to: <u>Bob Shepherd</u> | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (8) Groundwater is not more than 20 feet from ground surface? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (9) Wells are sealed from the ground surface to top of filter pack? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (10) Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth inch of free product on top of groundwater in well? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (11) Groundwater is monitored: <input checked="" type="checkbox"/> Manually on a monthly basis? <input type="checkbox"/> Automatically (continuously, or on a monthly basis [Circle one]). | | | | |
| (12) If groundwater is monitored <u>manually</u> : Bailer used is accessible & functional? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (13) If groundwater is monitored <u>automatically</u> : Monitoring box is operational? <u>N/A</u> | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |
| (14) Checked for presence of sensor in monitoring well? | YES | <input checked="" type="checkbox"/> YES | NO | <input checked="" type="checkbox"/> NO |

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: _____

Inspector's Signature: Randy BernardDate: 9-4-03

INSPECTION SUMMARY

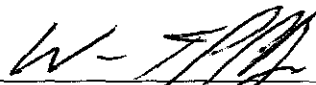
(An asterisk [*] denotes violation)

Check (✓) the appropriate box:

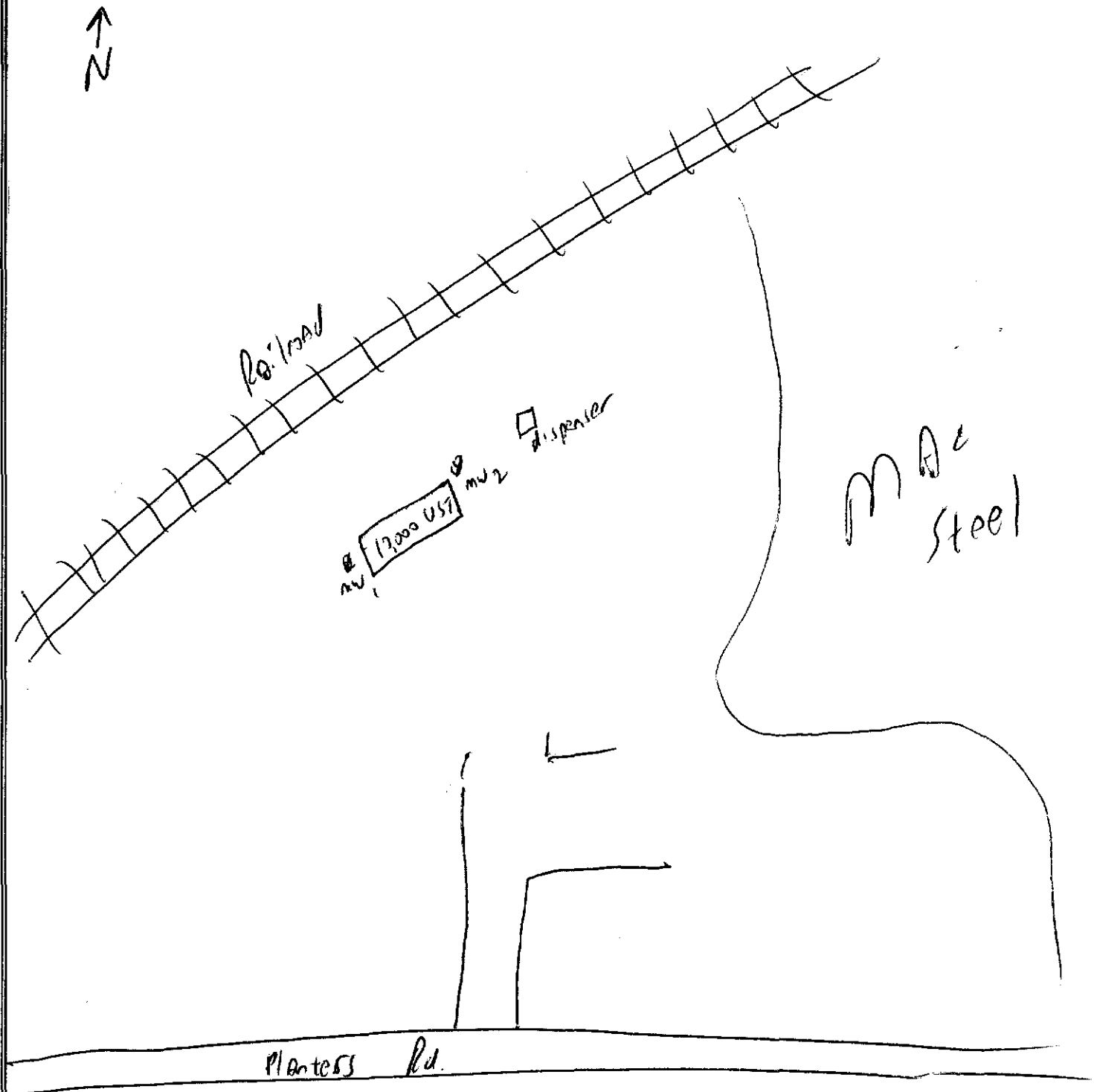
- ☒ This facility meets both Leak Detection and Upgrade requirements.
- ☐ This facility meets Leak Detection requirements, but does not meet Upgrade requirements.
- ☐ This facility meets Upgrade requirements, but does not meet Leak Detection requirements.
- ☐ This facility does not meet either Leak Detection or Upgrade requirements.

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.


Signature of Owner/Owner's Representative9/4/03
Date

SITE DIAGRAM



Quincy Corp
FACILITY NAME

66000299
FACILITY ID#

9-4-03
DATE