

Arkansas Department of Environmental Quality UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity):
Pulaski County Special School District
 Street Address
P O Box 8601
 County
Pulaski
 City State Zip Code
Little Rock Arkansas 72216
 Area Code Phone Number
501 490-6246
 Contact Person At UST Location Phone #
Charles Blake 982-9416

B. Location of Tank(s)

(If Same as Section 1, check here)
 Facility Name or Company Site identifier, as applicable
Sylvan Hills Jr. High School
 Street Address or State Road, as applicable
401 Dee Jay Hudson Dr.
 City (nearest) State Zip Code
Sherwood Arkansas 72120
 County
Pulaski Facility ID# 60000673
 Number of Tanks at This Location: 1
 Registration certificate posted in a conspicuous location: Yes No

C. Tank Information

(1) Tank(s) presently in use	Tank# <u>3</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-known)	<u>11/2/1998</u>			
(5) Material of Construction (E-estimate or K-known)	<u>Epoxy</u>			
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	<u>10000</u>			
(7) Substance Stored (E-estimate or K-known)	<u>Gas/Diesel</u>			

D. Release Detection For Tanks

Release detection method is present for tank(s). [1] Yes No NA

Release detection system meets the performance standards in 280.43 or 280.44 [3] Yes No NA

If Yes, select method below. If NA, explain: _____

(1) Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tank Tightness Testing and Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Groundwater Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Secondary Containment with Interstitial Monitoring (Required on tank(s) installed after July 1, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection method is present for piping. [1] Yes No NA

Release detection system meets the performance standards in 280.43 or 280.44 [3] Yes No NA

If Yes, select method below. If NA, explain: Safe Suction System

(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, <u>and</u> (check one)					
(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)					

Inspector's Signature: Shanetta Brewer

Date: Mar 2, 2012

Release Detection for Piping

 Facility ID#: **60000673**

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.

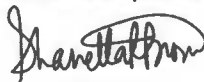
Set 1	Tank# 3	Tank#	Tank#	Tank#
(1) Automatic Flow Restrictor				
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
Set 2				
(4) Annual Line Tightness Testing				
(5) Vapor Monitoring				
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial 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 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	✓			

 Comments This facility has a safe suction system.

 I Shanetta Brown certify that I have inspected the above named facility on Mar 2, 2012
(Print Name) (Date/Time)


 Inspector's Signature: _____ Date: Mar 2, 2012
Signed with SignDoc
Signed on 2012-03-02 10:09:01

RELEASE PREVENTION

Facility ID#: 60000673

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

I. SPILL PREVENTION	Tank# <u>3</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

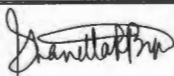
(1) Overfill prevention device present and operational. [2]	✓			
A. Automatic shutoff device.				
(1) Verified by observations.	✓			
(2) Automatic shutoff device is functional and operational. [2]	✓			
(3) Automatic shutoff device appropriate for system.	✓			
B. Audible or visual alarm				
(1) Present				
(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]	NO			
(6) CP system performing adequately based on results of testing. [5]				

Comments:

Inspector's Signature _____


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Signed on 2012-03-02 10:09:28

Date _____

Mar 2, 2012

RELEASE PREVENTION (Cont'd)

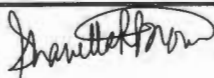
Facility ID#: 60000673

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

IV. CORROSION PROTECTION A. Material of Construction (Check all that apply)	System# 3		System#		System#		System#	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
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.	NO							
(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:

The facility failed to provide a current CP test results for the tank. The piping was booted.



Inspector's Signature _____

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Signed on 2012-03-02 10:09:44

Date _____

Mar 2, 2012

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 Requirements

(1) Implementing agency has been notified of suspected release as required. [4] 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). [6] Yes No N/A

Comments:


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Signed on 2012-03-02 10:10:22

Inspector's Signature

Date Mar 2, 2012

Groundwater Monitoring

Facility ID#: 60000673

Monitoring Performed by: Unknown

Date GWM System Installed: 11/1998 Number of Wells: 2

Distance of well from tank(s): (1) 1' (2) 1' (3) _____ (4) _____

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

Site assessment was conducted by: Unknown

Please answer each question for each well

	Well # <u>1</u>	Well # <u>2</u>	Well # _____	Well # _____
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/>
(2) Well was opened & presence of water was observed in well at depth of	<input type="checkbox"/> 5 ft	<input type="checkbox"/> 5.5 ft	<input type="checkbox"/>	<input type="checkbox"/>

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

(3) Wells are used to monitor piping?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(4) Site assessment was performed prior to installation of wells?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(5) Documentation of monthly readings is available?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(6) Specific gravity of product is less than one?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(8) Groundwater is not more than 20 feet from ground surface?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(9) Wells are sealed from the ground surface to top of filter pack?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
(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 type="checkbox"/>	NO	<input type="checkbox"/>
(11) Groundwater is monitored: Manually <input type="checkbox"/> Automatically <input type="checkbox"/>				
(12) If groundwater is monitored manually: Bailer used is accessible & functional?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(13) If groundwater is monitored automatically: Monitoring box is operational?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(14) Checked for presence of sensor in monitoring well?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(15) Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [2]	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
(16) Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [5]	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>

Comments This facility failed to provide monthly monitoring well records and a site site assessment at the time of this inspection.



Signed with SignDoc
Signed on 2012-03-02 10:10:38

Inspector's Signature: _____

Date: Mar 2, 2012

INSPECTION SUMMARY

Check (✓) the appropriate box:

Facility in compliance at time of inspection.

Facility non-compliant with SOC Release Detection.

Failure to provide documentation of monthly monitoring results (see page 6)

Facility non-compliant with SOC Release Prevention

Failure to provide documentation verifying corrosion protection for tanks (see page 4)

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.

Failure to provide site assessment documentation for monitoring wells (see page 6)

Comments: _____

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 Apr 2, 2012 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.

Will

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Signed on 2012-03-02 10:13:26

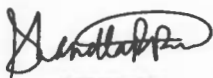
William Saunders

William Saunders
Signed with SignCo
Signed on 2012-03-02 10:13:40

Name of Owner/Owner's Representative (Please Print) Signature of Owner/Owner's Representative Date Mar 2, 2012

SITE DIAGRAM

A CURRENT SITE DIAGRAM IS ON FILE FOR THIS FACILITY



Signed with SignDoc
Signed on 2012-03-02 10:11:37

Inspector's Signature

Facility ID#

60000673

Date Mar 2, 2012