

2008-2009 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS

(If you need additional forms, please **Do Not Copy**. Instead, contact the RST Division.)

**Do Not
Staple**

60-00308

600000135
FACILITY ID #

Return original forms to ADEQ, RST Division,
5301 Northshore Dr., No. Little Rock, AR 72118-5317
No later than September 30, 2008.

Owner Name (print)																												
B	a	p	t	i	s	t	H	e	a	l	t	h	M	e	d	i	c	a	l	C	e	n	t	e	r	-	L	R
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City					State					Zip Code																		
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Facility Name (print)																																
B	a	p	t	i	s	t	H	e	a	l	t	h	M	e	d	i	c	a	l	C	e	n	t	e	r	-	L	R				
Address																																
9	6	0	1	I	-	6	3	0	E	x	i	t	7																			
City					State					Zip Code					Date of Evaluation																	
L	i	t	t	l	e	R	o	c	k				A	R	7	2	2	0	5	-					0	9	/	2	6	/	0	8

Please note that completing this checklist does not guarantee you are in compliance with AST requirements. Be sure to check with the Arkansas State Fire Marshal if you have any questions concerning this form or compliance. **YOU MUST COMPLETE A NEW FORM ANNUALLY.**

RELEASE CONTROL: NFPA 30, 2-3.4		Only mark answers in columns for tanks you actually have. 1 tank per column.			
		AST #1	AST #2	AST #3	AST #4
Double Wall Tank?		☒ Y ☐ N ☐ O ☐ N ☐ A	☒ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
Documented Test Results (Mfgs. Recommendations): NFPA 30, 2-8.3.5					
A. Primary Tank (inner)?		☐ Y ☒ N ☐ O ☐ N ☐ A	☐ Y ☒ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
B. Interstitial Space?		☐ Y ☒ N ☐ O ☐ N ☐ A	☐ Y ☒ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A

IMPOUNDING AROUND TANKS (dikes, levees & berms): NFPA 30, 2-3.4.3					
A. Is base sloped to dike's lowest point?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
B. Is volumetric capacity of impoundment greater than capacity of largest tank?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
C. Are dike walls constructed from materials that are liquid tight?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
D. Is drain valve lockable, closed and accessible from outside impoundment?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
Is Anti-siphon Device installed? NFPA 30A 2-1.7		☒ Y ☐ N ☐ O ☐ N ☐ A	☒ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
Is current Spill Prevention, Control and Countermeasure Plan available?		☒ Y ☐ N ☐ O ☐ N ☐ A	☒ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A

PRESSURIZED PIPING (Underground Piping Only): NFPA 30A, 4-3.3					
A. Automatic flow restrictor?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
B. Automatic shutoff device?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
C. Continuous alarm system?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A
D. Annual line tightness testing?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A

SUCTION PIPING (Underground Piping Only):					
A. Tightness Testing?		☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☒ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A	☐ Y ☐ N ☐ O ☐ N ☐ A

Shade Circles Like This--> ●

Not Like This--> ~~⊗~~ ✓

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2008-2009 SELF-AUDIT FORM FOR ARKANSAS ABOVEGROUND STORAGE TANKS

60000135

FACILITY ID #

CORROSION PROTECTION (Tanks):

Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
Is tank in contact with its environment (soil or water)?	☐ Y ☒ N ☐ NA	☐ Y ☒ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Tank is retrofitted with which cathodic protection method:				
A. Impressed Current?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
B. Sacrificial Anodes?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Specify any other method used to achieve tank's corrosion protection:				

CORROSION PROTECTION (Piping):

Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
Piping is non-corrodible material (fiberglass, flexible piping, etc.)?	☒ Y ☐ N ☐ NA	☒ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Piping is retrofitted with which cathodic protection method:				
A. Impressed Current?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
B. Sacrificial Anodes?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Specify any other method used to achieve piping's corrosion protection:				

RECORDS FOR CATHODIC PROTECTION:

Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
If you have impressed current systems or sacrificial anodes, you have the documentation of the last 2 tests conducted within 6 months of installation, at least every 3 years thereafter, and within 6 months of a repair?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
If you have an impressed current system, you have documentation of the last three rectifier readings that need to be taken every 60 days to show that the rectifier is working properly? (Most ASTs will share one rectifier.)	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

SPILL PROTECTION:

Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
AST has working spill protection equipment?	☒ Y ☐ N ☐ NA	☒ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

OVERFILL PROTECTION:

Only mark answers in columns for tanks you actually have. 1 tank per column.

	AST #1	AST #2	AST #3	AST #4
AST has working overfill protection equipment?	☒ Y ☐ N ☐ NA	☒ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

EMERGENCY VENTING: NFPA 30, 2-3.6.1

	AST #1	AST #2	AST #3	AST #4
AST has properly designed emergency relief vents?	☒ Y ☐ N ☐ NA	☒ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

OTHER REQUIREMENTS:

Respond in each row for entire facility

Permit applied for and received from Arkansas State Fire Marshal's Office? (For ASTs installed after June 15, 1992)	☒ Y ☐ N ☐ NA
Current AST notification form filed with ADEQ (for ASTs 1,320-40,000 gallons storing petroleum)?	☒ Y ☐ N ☐ NA
Records on site for all system repairs?	☐ Y ☐ N ☒ NA
Correct ADEQ Registration Certificate (with current year's sticker) posted in a conspicuous location at the facility?	☒ Y ☐ N ☐ NA

CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally completed and am familiar with the information submitted in this and all attached documents, and that the submitted information is true, accurate and complete.

Owner Name (print) <i>Baptist Health Medical Center - LBR</i> <i>Alan Forrest</i>	Owner Signature <i>[Signature]</i>	Date Signed <i>Sept 26, 2008</i>
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